



Note: All answers must be in the physician's handwriting

Patient Information

Name of Patient Naila shah Date of Birth _____
 Patient's Address Bareetch pul chalo bawshi

Employer Information

Name of Employer C.H.W

1. History

(a) Date doctor first consulted due to disability 23/8/24
 (b) Date symptoms first appeared or accident happened 23/8/24
 (c) Date patient ceased work because of disability _____
 (d) Has patient ever had same or similar condition? No Yes, state when and describe
 (e) Is condition due to injury or sickness arising out of patient's employment? No Yes, state when and describe
 (f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?

Name of Doctor Dr. Sameed Khan Mobile No _____
 Address Sandeman hospital Quetta.

2. Diagnosis

(a) Date symptoms first appeared or accident happened _____
 (a) Diagnosis (including any complications) _____
 (c) Subjective symptoms _____
 (d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):
 (1) Clinical Findings _____
 (2) Diagnosis Studies and results: _____

3. Progress

(a) Patient is Ambulatory Bed Confined House Confined Hospital Confined
 (b) Patient has Recovered Improved Stabilized Retrogressed

4. Prognosis

(a) Is the disability presumed to be reversible Yes No
 (a) Is patient now capable of performing duties of Yes No
 (c) What duties of his or her job is patient incapable of performing? _____
 (d) Do you expect a fundamental or marked change in future? Yes No
 If yes, patient should recover sufficiently to perform duties on or about _____
 If No, Please explain _____
 (e) Specify the date by which you presume that the patient will be able to resume his duties/work
 Totally Partially Temporarily Permanently

Remarks

Declaration: I hereby declared that the above statements are true and complete to the best of my knowledge.

Attending Physician's Name _____ Telephone No _____
 Address _____ Date _____
 Speciality _____ Signature _____

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