PAK-QATAR FAMILY TAKAFUL
Together for the Future

Physician's Statement – DS2 (Disability Claim Form)

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

Patient Information

Name of Patient	fatima	Date of Birth	05 June-1975
Patient's Address	7-71/163 Mominabad alamdar road, Qila		

Employer Information

Name of Employer	

1. History

(a) Date doctor first consulted due to disability ____________

(b) Date symptoms first appeared or accident happened 06-June-2024

(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 Shifa Khana - Alamdar road

Name of Doctor ____________ Mobile No 2660543

Address Shifa Khana Hospital Road Alamdar road.

2. Diagnosis

(a) Date symptoms first appeared or accident happened 06-June-2024

(a) Diagnosis (including any complications) Dog Bite

(c) Subjective symptoms

(d) Objective findings (including current X-rays, ECG's, Labortory 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 reversable ☐ 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 081-2660543
Address Shifa Khana Hospital.	Date 07 June-2024 ____________ Signature
Speciality ____________	

PAK-QATAR FAMILY TAKAFUL LIMITED
102-105, Business Arcade, Block-6, P.E.C.H.S, Shahra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)
Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk

Scanned with CamScanner