



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

**Patient Information**

Name of Patient Naila Shah Date of Birth 10.9.2002  
Patient's Address Borach pull chanco Bawchi

**Employer Information**

Name of Employer chip Training and consulting Pvt. Ltd

**1. History**

(a) Date doctor first consulted due to disability 23-08-2024  
(b) Date symptoms first appeared or accident happened 23-08-2024  
(c) Date patient ceased work because of disability 23-08-2024  
(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. Umar Mobile No 03130813011  
Address Civil Hospital

**2. Diagnosis**

(a) Date symptoms first appeared or accident happened 07-09-2024  
(a) Diagnosis (including any complications) Injection and elegendy  
(c) Subjective symptoms  
(d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):  
(1) Clinical Findings Yes only medicine and injections.  
(2) Diagnosis Studies and results better then before.

**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? CHW  
(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 1-09-2024  
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 Dr. Umar Telephone No 03130813011  
Address Civil Hospital Date 7.11.24  
Speciality Specialist

