Physician's Statement – DS2
(Disability Claim Form)

Note: Answers must be in the physician's handwriting

Patient Information

Name of Patient: Sobia Bakir — Date of Birth: 20-09-1983

Address: Nasir Town Madina Colony

Employer Information

Name / Employer: Sobia Bakir

1. History

(a) Date doctor first consulted due to disability: 31/10/24

(b) Date symptoms first appeared or accident happened: 31/10/24

(c) Date patient ceased work because of disability: 31/10/24

(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. Hashmat — Mobile No: 0316-9691109

Address: LRH (Room 38)

2. Diagnosis

(a) Date symptoms first appeared or accident happened: Head Pain / Leg

(a) Diagnosis (including any complications): Little bit Blood Cutting at head & injured leg

(c) Subjective symptoms

(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings):

(1) Clinical Findings: X-ray, CT Scan

(2) Diagnosis Studies and results: Little bit injured and now Recevered

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? Nothing

(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: ON

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. Soheil Altaf

Address: Gulshan 01 Anum Samen Clinic

Specialty: General Physician

Telephone No: 0306-5792537

Date: 31/10/24

Signature

INSTRUCTO
PGPI Duran
Peshawar