بسم الله الرحمن الرحيم

TINY HEARTS OF MALDIVES

Passport Size Photo

PATIENT HISTORY FORM

Patient name:			
Patient Reg No.		***THM Reg No:***	
ID No:		***Passport No:***	
D.O.B:		***Age:***	
Current weight:		***Birth weight:***	
Permanent address:			
Temporary Address:			
Parent Details			
Name:			
Number:		**Relation:**	
Emergency Contact			
Name:			
Number:		**Relation:**	
Family history of Heart disease:		**First diagnosed date:**	
Type of diagnosis: *(Documents required)*			
Other medical conditions: *(Documents required)*			
Previous and current treatment/medicine prescribed: *(Documents required)*			
No. of surgeries: *(Documents required)*			
Type of surgeries: *(Documents required)*			
Recommended surgery: *(Documents required)*			
Referred date for Surgery: *(Documents required)*		***Schedule Surgery date:*** *(Documents required)*	
Expected Hospital for the surgery:			
Previously visited Hospitals: *(Documents required)*			
Remarks:			
Doctors Recommendation: *(Documents required)*			
Date of Registration:			

Please submit all the relevant documents to complete registration

1. Picture (Passport Size) *2. ID copies (Patient & Parents)* *3. Medical documents (Echo reports & Surgery Documents)*