

**Registration Form for Patient Funding**

Reg No :

Date :

**Part-1; To be Filled by a Physician**

- |   |                           |           |
|---|---------------------------|-----------|
| 01. Name of Patient :                                   | 02. Date of Birth : Y M D | 03. Sex : |
| 04. Date of Consultation :                              | 05. Daignosis :           |           |
| 06. Planned Treatment :                                 | 07. Recommendation :      |           |
| 08. Name of Physician :                                 | 09. Expected Cost :       |           |
| 10. When was the Heart Problem Daigned? :               |                           |           |
| 11. Was the Heart Problem Diagnosed during Pregnancy? : |                           |           |

**Part-2; Socio-Economic Status of Family**

- |                              |                           |
|------------------------------|---------------------------|
| 01. Father/Guardian Name :   | 02. CNIC :                |
| 03. Qualification :          | 04. Occupation :          |
| 05. Mother Name :            | 06. Profession :          |
| 07. Siblings : B S           | 08. Family Income :       |
| 09. Home/Postal Address :    |                           |
| 10. Phone No :               | 11. Mobile No :           |
| 12. Email Address :          | 13. Accommodation :       |
| 14. Source of Referral :     | 15. Passport :            |
| 16. Zakat Eligibility :      | 17. Volunteer for CHHRI : |
| 18. Marketing Availability : |                           |

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving any decision and also authorize PCHF to advertise kid pictures, video and parent interview on any platform.

Parent Signature \_\_\_\_\_

**Part-3; For Management of Pakistan Children Heart Foundation**

- |                                     |                       |                            |
|-------------------------------------|-----------------------|----------------------------|
| <b>Case</b> :                       | <b>Funds</b> :        |                            |
| PCHF Share :                        | Parent Share :        |                            |
| Third Party :                       | Share :               |                            |
| <b>Extended Amount(over stay)</b> : |                       |                            |
| PCHF Share :                        | Parent Share :        | Third Party Share :        |
| <b>Total Sharing</b>                |                       |                            |
| PCHF Share : Rs 0/-                 | Parent Share : Rs 0/- | Third Party Share : Rs 0/- |

**Approved By**

**S. JAVED BOKHARI**

Evaluation Officer

**PROF. DR. MASOOD SADIQ**

Chief Medical Advisor

**Mr. FARHAN AHMAD**

Chief Executive Officer