

REGISTRATION FORM

Day Care Centre for Senior Citizen
at
Senior Citizen Home, Sector 15 Chandigarh

1)	Name	:-	<hr/>	Paste photograph of the applicant
2)	Age	:-	<hr/>	
3)	Sex	:-	<hr/>	
4)	Father's/Husband Name:-		<hr/>	
5)	Qualification	:-	<hr/>	
6)	Residential address	:-	<hr/>	
7)	Correspondence address:-		<hr/>	
8)	Telephone number	:-1)	<hr/>	
		:-2)	<hr/>	
9)	Type of disability with %:-		<hr/>	
10)	Category	:-	<hr/>	
11)	Hobbies	:-	<hr/>	
12)	E-mail ID	:-	<hr/>	

Signature/ Thumb Impression: _____

Date of Registration : _____

Registration No. : _____

**Signatures of Centre Co-ordinator
Day Care Centre, Sector 15, Chd**

- Kindly attach photocopy of the Voter Card OR Aadhar Card with this form for FREE REGISTRATION

Medical History Sheet

1)	Name	:-		Paste photograph of the applicant
2)	Age	:-		
3)	Sex	:-		
4)	Address	:-		
5)	Phone number	:-		
6)	Occupation	:-		
7)	OPD No.	:-		
8)	IPD No.	:-		
9)	C/o (Disease)	:-		
	➤ <u>Past History</u>	:-		
1)	Family history	:-		
2)	Addiction, if any	:-		
3)	Bowel	:-		
4)	Appetite	:-		
5)	Motion	:-		
6)	Sleep	:-		
7)	Urine	:-		
	➤ <u>General Condition</u>	:-		
1)	Pallor	:-		
2)	Respiratory system	:-		
3)	CVS	:-		
4)	CNS	:-		
5)	BP	:-		
6)	Sugar	:-		
7)	Other findings	:-		
8)	Diagnosis	:-		

Treatment Given, if any:-

Signature