



GOVERNMENT OF PAKISTAN  
PAKISTAN BAIT-UL-MAL

HOSPITAL NAME. \_\_\_\_\_

**PROFORMA FOR POOR HEART PATIENT IN GOVT. HOSPITALS.**

1. Patient name \_\_\_\_\_
  2. Age & sex \_\_\_\_\_ 3. N.I. Card No. \_\_\_\_\_
  4. Home address \_\_\_\_\_
  5. File No. \_\_\_\_\_ 6. Indoor/Out door \_\_\_\_\_
  7. Social status of patient \_\_\_\_\_
  8. Diagnosis. \_\_\_\_\_
  9. Special investigation. \_\_\_\_\_
    - a. ECG. \_\_\_\_\_
    - b. Echocardiography \_\_\_\_\_
    - c. Thallium scan. \_\_\_\_\_
    - d. Coronary Angiography. \_\_\_\_\_
  10. Clinical prognosis. \_\_\_\_\_
  11. Cost effect benefit of disease. \_\_\_\_\_
  12. Statistical cure rate. \_\_\_\_\_
  13. Scope of rehabilitation. \_\_\_\_\_
  14. Detail of essential/life saving, non-available cardiac disposable items and cost should be as per institutional rebate-rate to the Hospital:-

<b>Disposables</b>	<b>Cost</b>
a. Angiography _____	Rs. _____
b. PPM. _____	Rs. _____
c. Oxygenator. _____	Rs. _____
d. Heart valve. _____	Rs. _____
e. Cardiac stent _____	Rs. _____
f. Any other _____	Rs. _____
  17. Contribution from Govt. hospital. \_\_\_\_\_
  18. Total Cost of treatment Rs. \_\_\_\_\_
  19. Financial Assistance required from Pakistan Bait-ul-Mal Rs. \_\_\_\_\_
  20. Detail of previous assistance from PBM (if any) \_\_\_\_\_
    - a. case No. \_\_\_\_\_
    - b. Amount. \_\_\_\_\_
- Note:- Checked and verified by following:-

Doctor \_\_\_\_\_  
Designation \_\_\_\_\_

Medical Social Officer

M.S/Administrator/Director

Signature/Thumb of the Patient

Consultant Cardiologist /  
Cardiac Surgeon