Pre-requisites for medical evaluation:

|  |  |  |
| --- | --- | --- |
| **S.No** | **Description** | **Information/Data** |
| 1 | Age |  |
| 2 | Brief Medical Report – List of illness |  |
| 3 | List of medicines being taken |  |
| 4 | Is he or she dependent / independent to handle himself or herself? |  |
| 5 | How many emergencies did he or she attend and moved to hospital during last two years? |  |
| 6 | Does he/she need personal care giver? |  |
| 7 | Is he/she able to listen? |  |
| 8 | Does he/she use hearing aid? |  |
| 9 | In Baba’s knowledge for how many years? |  |

This is to confirm that the above information is correct to the best of my knowledge.

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Signature of the Applicant

Place.………………………….

Date.…………………………..