



a-Diagnosis:  \*Please enter relevant ICD code

b- Co- morbid condition:1-  
2-  
3-

c- Medications: ( Name/ Dosage)  
1-  
2-  
3-  
4-  
5-

d-Is the condition disabling? Yes  No   
( Please tick)

Comments:

.....  
.....  
.....

- Reporting Health professional name:
- Designation: signature:
- PMR/ TMR no: Official stamp:

Note:- This part of the form should be filled by a medical doctor and where doctor is not available a health worker.

-In diagnosis, please enter relevant ICD code

-Disabling conditions: Any mental impairment that restrict the person from participating in and performing expected roles and duties of that individual in society.