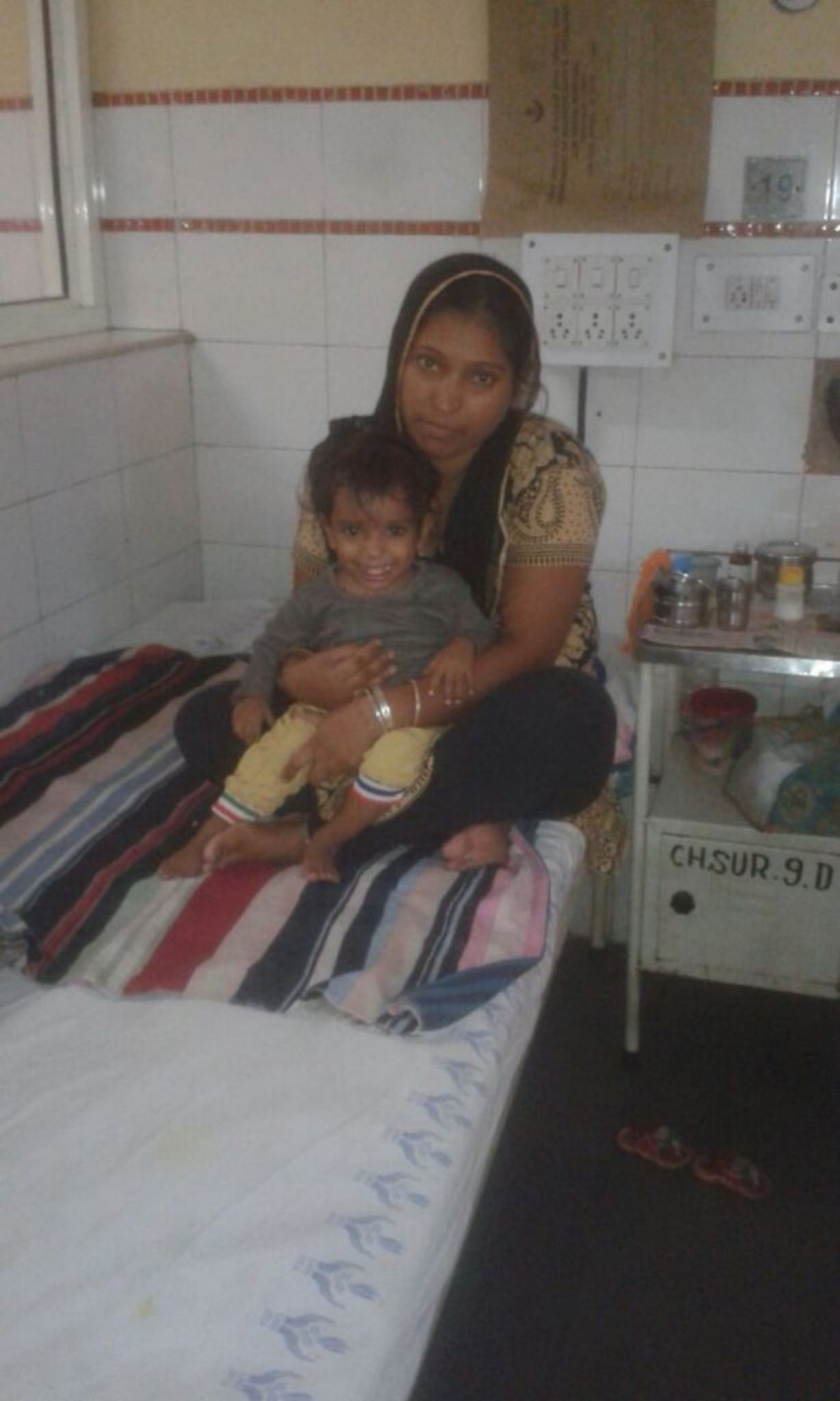

19
CH.SUR.9.D

MOTHER CONCERN – REGISTRATION FORM

Sponsorship Form for Financial Assistance for Medical Treatment

Reg. No: MRCN/2016/Sep/0002 **Date: 23 /09 /2016**

Beneficiary Demography

Patient Name	: Baby Jasmeet
Date of Birth (MM/DD/YYYY) / Age	: 03/11/2015 - 1.7 Years
Sex	: Female
Religion	: Punjabi

Family Details: Baby Jasmeet is 1.7 years old and is suffering from Wilms Tumor. His treatment is been done at LNJP Hospital for the past 20 days. Due to the poor condition of the family, they are unable to take care of the medical expenses. The family belongs to Kalyanpuri, Delhi. The family has approached MOTHER CONCERN for the Sponsorship towards the treatment of their child.

Family Details

Name of Father	: Baljeet Singh	Name of Mother	: Jyoti Kaur
Age	: 26 YEARS	Age	: 21 YEARS
Occupation	: Auto Mechanic	Occupation	: HOUSEWIFE
Family Income Yearly	: INR 72000		

Treatment Details

Patient suffering from	: WILMS TUMOR
Treatment prescribed	: 7 CYCLE OF KEMOTHERAPHY

Approximate Expense for which financial assistance is required

Cost of Treatment	: 1,70,000
Parent Contribution	: ---
Total Amount of Fund required	: 1,70,000
The treatment is done at	: LNJP HOSPITAL

Declaration

I hereby declare that the information given above is true and to the best of my knowledge. I am not in the financial position to arrange for the funds required for the treatment of my child. I am fully aware of the fact that the Organization will be raising funds for the treatment of my child and I have no objection with it.

(Signature of Mother)

Date / Time

16/9/16

High risk Consent-

I give consent for anesth for CECT Scan. c/o having URP. and understand the risk of the procedure

जो तीकरे

16/9/16

Anaesthesia notes

- Planned for CECT scan.
- Renal: Acute URTI.

Case d/w Dr Amit

- High risk consent has already taken for in view of acute URTI.
- He discussed with the primary doctor incharge of the case. pt needs to be taken up for CECT urgently.

Namita
Enrolled

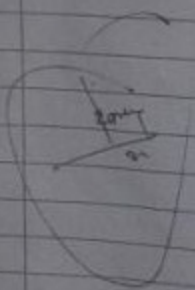
Date / Time

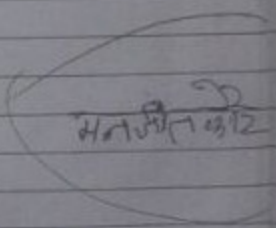
High Risk Consent

9/9/12

I [illegible] give my full consent to undergo [illegible] / [illegible] / understanding the risk of [illegible] r/s/o [illegible]

If any untoward [illegible] during [illegible] postop period the hospital staff & doctor will not be responsible for that





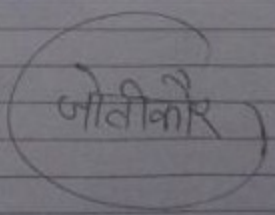
Patient

Doctor

7/9/12

12 pm noon

Patient does not give consent to undergo [illegible] / [illegible]



GOVT. OF NCT OF DELHI / राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110 002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110 002

उन्नति अभिलेख

PROGRESS RECORD

आयु Age	लिंग Sex		वै. Mar	स्टे. Status	अ. Hosp	अ. No
विभाग Ward	अस्पताल Bed		व्यवसाय OCC	धर्म Religion	आय Income	

समय Time

15/9/16. To
SR (PAE))
Opinion of

Kindly do FNAC of your Child for CECT abdomen 16/9/16. A case of Suspected Wilm's tumor.

Junior
SR

LOK NAYAK HOSPITAL NEW DELHI -110002
लोक नायक अस्पताल, नई दिल्ली - 110002
(Government of NCT. of Delhi)
ADMISSION SHEET

WARD 9C	Dept.	PEDIATRICS SURGERY	DR. YOGESH KR.		Mother CR No.		CR No.	27743			
JASMEET KAUR	Sex		Age		APL	BPL	Monthly Income		MLC Sheet No.		
D/O. BALJEET SINGH	Religion		Occupation				Marital Status				
			Patient's Contact No.				Nationality	INDIAN			
	Attendant's Address						Attendant's Tel. No.				
Admitted on Date & Time	02 Sep 2016	Admitted From OPD/Emer	OPD	Date & Time of Discharge/ DOR/ LAMA / Transfer/ Death/ Abscond				Duration of Stay			
							Date of Birth				

PRINCIPAL DIAGNOSIS
(Written at the time of admission) ICD 10 Code :

FINAL DIAGNOSIS
(Written at the time of discharge) ICD 10 Code :

SECONDARY DIAGNOSIS/ASSOCIATED DISEASES ICD 10 Code :

COMPLICATIONS ICD 10 Code :

OPERATIVE PROCEDURE ICD 10 Code : Anesthesia : GA/ Spinal / Epidural / Local
Operated by (Name of Consultant)

MODE OF DELIVERY NVD / Vacuum / Forceps / Breech / Caesarean

In case of my baby Time of Birth : Birth Weight : Sex :

Signature of Patient/ Signature of relative

CONDITION AT DISCHARGE Recovered/ Improved/ Not Improved/ Examination only/ Not treated/ LAMA/ Absconded/Expired

IF DEATH (Write) ICD 10 Code : Whether sent for autopsy : YES / NO

MATERNAL DEATH : YES / NO **PREGNANCY RELATED DEATH** : YES / NO **Transfer to :**

Name) **SR (Sig. & Name)**

Unit I/c Consultant (Signature)

Doctors Notes :
Including investigation

Sister Notes :
Including Charts

Total No. of Pages :

GOVT OF NCT OF DELHI दिल्ली सरकार

LNH-4

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

शारीरिक परीक्षा / Physical Examination

	वार्ड Ward	यूनिट Unit	कौशकशेगो C.G.H.S.		
Patient	आयु Age	लिंग Sex	क्र है C.Status	धर्म Religion	व्यवसाय Occupation

	नाड़ी Pulse	श्वसन Resp.	रक्तचाप B.P.	वजन Weight

6/9/16

To,

SR (PAC)

ICU (4th Floor)

kindly accompany pt for CECT chest & abdomen dated for today. High risk consent s/v/o UKL taken. UKL not present now

Please consider

for CECE.

request from Pulmonology (CT) write and give injection Pantop. Please high risk consent not willing + come for CT

(Dr Pulmo)

DATE/TIME

8/9/16

To,

SR on duty
Anaesthesia
(Gynae OT) Ist floor
Sir/madam,

this patient c ?wilm tumour planning CT scanning (CECT) kindly do PAC for this patient

thanking you

(signature)

8/9/16

PAC has already been done today
Kindly follow the advice
Thanks!

(signature)

NOTE : ALL ENTRIES MUST BE INITIALED

MGIPRRND—1340 LNH/2016

GOVT. OF N.C.T. OF DELHI

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110 002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110 002

LNH

PATIENT CASE RECORD SHEET

Jahanvi Age/Sex : _____ Ward : _____

_____ Unit _____ Consultant : _____

IME

consent for the Trucut biopsy from retroperit

-need tissue & USG

I have been Informed in my own language that my child need tissue sample for proper diagnosis and treatment. Its is a invasive method and may cause bleeding, Perforation of viscus, needed a salvage surgery, may cause infection, non function as any unseen event. so I give consent for the same procedure after understanding the risk

I [illegible]

जीती कौर

Mother of child

NOTE : ALL ENTRIES MUST BE INITIALED

GOVT OF N.C.T. OF DELHI

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110 002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110 002

LNH

PATIENT CASE RECORD SHEET

_____ Age/Sex : _____ Ward : _____

_____ Unit _____ Consultant : _____

ME 8/9/2016

To DOD

ICU Anesthesia / Gynae

4th floor

Kindly get CECT done for this pt

Dr

Rued Sr

NOTE : ALL ENTRIES MUST BE INITIALED

1705836

LOK NAYAK HOSPITAL

NEW DELHI - 110002

लोक नायक अस्पताल

नई दिल्ली - 110002

E-mail: lnhmsoffice@gmail.com
msInh@nic.in

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI

OUT PATIENT REGISTRATION CARD

Queue Token No. :

PAEDIATRICS SURGERY	DR YOGESH KR SARIN (MON TO SAT)	Room No.	520	OPD Regn. No.	OOI026183		
JASMEET KAUR(PID-97743)	Sex F	Age 1Y 6M	Date	02 Sep 2016 9:54AM	Marital Status		
D/O BALJEET SINGH	Area/ Location		Referred to Deptt.	PAEDIATRICS SURGERY	Contact No.		
	Nationality		Occupation		APL	BPL	Monthly Income
	Birth Wt(Kg.)		Wt(Kg.)		HC (Cms.)		Ht (Cms.)

...cation	BCG	DPT 1 2 3 B1 B2	OPV 1 2 3 B1 B2	Hepatitis B 1 2 3	Measles	MMR	Typhoid

...IONAL DIAGNOSIS :

Allergic to_____

...GATIONS	DATE	CLINICAL FINDINGS & REPORTS	TREATMENT
...OGY DLC ...unt / PT ...AM ...MISTRY ...F/ PP/ R ...ed Hb. ...ine ...id ...lytes : Na / K ...n ...norus ...tle ...in / T / D / I ...LT) ...T) Phosp ...n Total ...ntes Time / INR ...OGY ...nest ...MRI ...BIOLOGY ...C/S ...IS ...Group	02/09/16 to ICU/RMO	C/O Sr. Paed Surgery ... suspected ... C/O → Lump/mass per abdomen - noticed since 2-3 days. No other a Systemic Complaints - ~~No~~ New complaints of not gaining (+) O/E - Afebrile Vitals - stable ~~Pallor~~ (-) No pallor P/A → Oval shaped, Hard lump measuring ≈ 8×6 cm (+) size (R) lumbar region Extending into (R) Hypochondrium Abdomen & (R) Iliac fossa. USG done → ? wilms tumour.	

Sig. / Name

Date & Time

अस्पताल परिसर में बीड़ी, सिगरेट पीना (धुम्रपान) दण्डनीय अपराध है

GOVT OF NCT OF DELHI, दिल्ली सरकार

लोक नायक अस्पताल

जवाहर लाल नेहरू मार्ग, नई दिल्ली-110002

LOK NAYAK HOSPITAL

Jawahar Lal Nehru Marg, New Delhi-110002

शारीरिक परीक्षा / Physical Examination

चिकित्सा सं. MRD No	वार्ड Ward	यूनिट Unit	केजीएचएस C.G.H.S		
रोगी का नाम Name of Patient	आयु Age	लिंग Sex	क्र. है C.Status	धर्म Religion	व्यवसाय Occupation

तापमान Temp	नाड़ी Pulse	श्वसन Resp	रक्तचाप B.P.	वजन Weight

रक्त मेह
Haematuria

प्रवाह
Discharge

दौरा
General

थकान
Fatigue

वजन परिवर्तन
Weigth Change

बुखार
Fever

रात को पसीना आना
Night sweats

कंपन
Tremor

भाव
Emotion

निशान
Scars

त्वचा
Skin

बाल
Hair

नाखून
Nails

आँखें
Eyes

पुतली
Pupils

फंडस
Fundi

कान
Ears

नाक
Nose

दांत
Teeth

जीभ
Tongue

मुख
Mouth

ग्रसनी
Pharynx

19/9/16

To,
DOD
Dietary department

kindly calculate the RDA and hypercaloric diet for Mst. A case of Wilm's tumour

ordered diet
19/9/16 Ast.

DATE/TIME

9/9/16

- Pt drought
→ CECT Report had been Tocce
→ Trucut punch biopsy ↓ USG guidance done

Ph-

17/9/16

Sr. Pact Surgy

CECT ~~to be~~ done

Report to be traced

Trucut Biopsy Report - awaited

18/9/16

Procedure explained & consented
No Pain complaints
Vitals WNL

22/9/16

Stable
Chemo given
P/A soft

All
clear

NOTE : ALL ENTRIES MUST BE INITIALED

LOK NAYAK HOSPITAL

NEW DELHI - 110002

लोक नायक अस्पताल

नई दिल्ली - 110002

E-mail: lnhmsoffice@msinh@nic.in

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI

OUT PATIENT REGISTRATION CARD

Queue Token No.

PAC (PRE ANESTHETIC CHECKUP CLINIC)	PAC(MON TO SAT)	Room No.	114/1	OPD Regn. No.	CDI037191		
JASMEET KAUR(PID-97743)	Sex F	Age 1Y 6M	Date	03 Sep 2018 10:49AM	Marital Status		
D/O BALJEET SINGH	Area/ Location		Referred to Deptt.	PAC (PRE ANESTHETIC CHECKUP CLINIC)	Contact No.		
	Nationality		Occupation		APL	BPL	Monthly Income
	Birth Wt(Kg.)	INDIAN	Wt(Kg.)	N	HC (Cms.)		Ht (Cms.)

Station	BCG	DPT 1 2 3 B1 B2	OPV 1 2 3 B1 B2	Hepatitis B 1 2 3	Measles	MMR	Typhoid

Allergic to

SIONAL DIAGNOSIS :

TIGATIONS	DATE	CLINICAL FINDINGS & REPORTS	TREATMENT
OLOGY E / DLC ount T / PT L EXAM ion HEMISTRY ose F/ PP/ R ated Hb ea atinine Acids ctrolytes : Na / K ium sphorus ofile obin / T / D / I (ALT) (AST) Phosp otein Total ulin Ratio romboplastin Time / INR OLOGY Chest an / MRI ROBIOLOGY G Sol C/S ss Smear	16/09/18	RPAC Prev. PAC noted & verified 1y6mo/F Suspected c/o Nilmis time currently having cough (wet) c/o Nasal crusting (+) O/E PR- 105/min Chest- crepts (+)(+) CVA- R.B.S. (-) Adv. Kindly get URI treated RPAC. PGY	

Sig. / Name & Designation

Date & Time

अस्पताल परिसर में बीड़ी, सिगरेट पीना (धूम्रपान) दण्डनीय अपराध है।