Muscular Dystrophy Resource Centre (MDRC)

Supported by PTC Therapeutics

DMD Child Admission Request Form

A. Information about the child requiring admission

Name & Age of the child	:	Name: ______________________________Age:
Is the MLPA report available	:	☐No Yes ☐ Please attach the report if yes.
Is the child walking at present with/without support?	:	☐No, how long if Not walking____________ Yes ☐
Does the child have any of these problems presently? ***Please ✓all those applicable.***	:	☐Breathing difficulty ☐Cardiac problem ☐Constipation ☐Piles ☐ Bend in the Spinal cord ☐Back pain ☐Asthma ☐ Frequent Vomiting
Does the child prone to frequent problems like cold, fever, stomach ache, etc?		☐No Yes ☐ Please provide details if yes________ ____
Did ever the child have any one of these diseases?	:	☐ Malariya ☐Deng ☐Flu ☐Jaundice
Did ever the child have any bone fracture?	:	☐No Yes ☐ Please provide details if yes________ ____
Is the child allergic to anything?		☐No Yes ☐ Please provide details if yes.

B. Information about the accompanying woman

Name & Age of the Woman	:	Name: ______________________________Age:
Her relation to the child	:	☐Mother ☐Aunty ☐Others Specify relation_______________
Does the accompanying woman have any of these problems presently? ***Please ✓all those applicable.***	:	☐Diabetic ☐Cardiac problem ☐Blood pressure ☐Spondylitis ☐ Arthritis ☐Asthma
Did ever the accompanying woman have any one of these diseases?	:	☐ Malariya ☐Deng ☐Flu ☐Jaundice

Muscular Dystrophy Foundation India
Plot No.285-A, Anna Nagar, Madurai-625 020, TN, India.
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C. Contact details

Details required		Father	Uncle/Aunty Or other key person of the family for emergency contact
Name	:		
Mobile Phone number	:		
Complete address of his /her office	:		
Office phone number with STD code	:		
Complete address of his /her residence	:		
Land line phone (Residence) number with STD code	:		
Email ID	:		

D. Expected number of days of stay? ____________________

Declaration by parents

I, ______________________ Father/Mother of. Master. ________________ hereby confirm that all the information provided above is true to the best of my knowledge and belief. I am aware of the consequences of vital information relating to the medical condition of my son, being suppressed if any and therefore take fullest responsibility. I have read & understood all the terms of admission

and agrees to abide by them all. I have decided to use the services of MDRC run by MDFINDIA at my own will, desire & risk and that I will not hold MDFINDIA responsible for risk if any as described or otherwise.

Date: Signature of the Father: ___________________________

Place: Signature of the Mother: __________________________

For office use only

Status of admission request	:	☐Approved ☐Denied- Reasons: _______________________ ☐Pending-Reasons_______________________________________
Date of admission	:	**Date___________ Signature of the ED/AD_________________**
Contribution received	:	**Rs._______ Date: __________ Receipt No.______________** **Rs._______ Date: __________ Receipt No.______________** **Rs._______ Date: __________ Receipt No.______________**
Date of departure & No. of days of stay	:	
Amount due if any	:	☐No Yes☐ How much if Yes?____________
Balance amount received?	:	☐No Yes☐ Details if Yes?____________
Departure approved?	:	**Date___________ Signature of the ED/AD_________________**

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