

HELP TO HOPE

Form filled by :

Information provided by : P. Sarojini (M/o. Patient)

Name of the Patient: P. Sundara Spandana,

✓
Father / Husband name: P. Chalapatni Rao

DOB / Age: 10-05-1993 - 16 yrs.



Permanent Address:

H.No: 24-9-10

Street / Village: School Road, Ward -1

Mandal / District: Tanuku, West Godavari (Dist).

Pin code:

Phone No:

Address for Correspondence:

H.No:

Street / Village:

"Same as above"

Mandal / District:

Pin code:

Phone No:

Information Regarding Social Economic Status:

Nuclear / Combined Family: Nuclear

Ration Card / Income Certificate: Ration card

Any amount was sanctioned than any organization: NO

Earning Members: Mother only
Names:

- P. Sarojini
-
-

Occupation: Aayah in a school

Income: RS - 1000/- per month

House:

- Placed: Town
- Type:
- Toilets: western
- TV: —
- Fridge: —
- Motor Vehicles: —
- Types: —

Education

Father: Graduate

Mother: VIII class

Children: Inter

<u>Name</u>	<u>Age</u>	<u>Class / Degree</u>	<u>School / College</u>
1. Chalapathi Rao	40 yrs	Graduate	—
2. P. Sarojini	31 yrs	VII	—
3. P. Sundara Spandana	16 yrs	Inter	College
4. P. Sundara Mukesh	9 yrs	4th class	School.

✓
Child / Adult:

Interest:

- Books: General Knowledge, Comics,
- Sports: —
- Movies: All types of movies.

P. Sarojini
Parents / Guardian name & signature :

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis:

Auto immune Haemolytic Anemia

Date of Diagnosis:

Investigations:

- CBP
- Bone Marrow
- Histo Pathology
- Others

Treatment Protocol:

Schedules

1. Induction	From	To
2. Consolidation	From	To
3. Re - induction	From	To
4. Re - Induction	From	To
5.	From	To

Treatment Completed:

Reviews:

- 1.
- 2.
- 3.
- 4.

Name of Disease:

Auto immune

Hemolytic

Anemia

Type of Treatment:

RITUXIMAB

90 20

MONOCLONAL

ANTIBODY THER
APV.

Estimation Amount:

150,000

Any amount was sanctioned than any organization:

Recommendations:

Consultant Name :

Dr

Ramana.

Jauclarnudi

Consultant Signature :

Dr Ramana

