

Dr. Ajeet Pratap Singh
(BAMS) Ayurvedacharya

UH ID - JB2107615
OPD - 7624

(9313666680

ORTHOCARE

- Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA

- Detoxification
- Rejuvenation
- Shirodhara, Shiro Basti
- Shiro Pichu
- Kati Basti, Prishtha Basti
- Janu Basti
- Akshi Tarpana
- Nasya
- Basti
- Abhyanga
- Swedanam

GASTOCARE

- Acidity
- Constipation
- Liver Treatment

FACILITY

- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: *Anisha*

Age - 39 yrs

W/o, D/o, S/o: *Samsuddin.*

Chief Complain

History

Menstrual History

Diagnosis:

अष्टविध परिक्षा

स्पर्श *खर*

शब्द *गमकरी*

Face (आकृति) *सामान्य*

Eye (दृष्टि) *सामान्य*

Jiwha (जिह्वा) *आवृत*

Urine (मूत्र) *पीतवर्ण*

Stool (मल) *आवृत*

Nadi (वात, पित्त, कफ) *VIP*

(Dash Vidha)

1. Prakrutii *VIP*
2. Vikruti *VIP*
3. Sara *मध्यम*
4. Samhana *मध्यम*
5. Pramana *मध्यम*
6. Satmya *मध्यम*
7. Satva *अवर*
8. Aahar Shakti *मध्यम*
9. Vaya *मध्यम*
10. Vyayam Shakti *मध्यम*

Vitals:

B.P.: *120/77 mmHg*

Weight.: *76 kg*

Height: *5'3"*

RBS: *70 mg/dl*

- Severe headache
- Pain usually start at morning
- feeling of vomiting
- feeling of Giddiness

4-5 months

Migraune (अधिविज्ञेय निमिषा)

No H/O DM
HTM
Thyroid.

Adv *Shirodhara & Brahmivail 500*
+ Ksharbala oil 50ml
(45 min) x 3 Days.

Px *Brahmi val / 1-1 BD*
Medh cap | 1-1 BD

After meal

Lukewarm water
x 3 Days

Dr. AJEET PRATAP SINGH
AYURVEDACHARYA
B.A.M.S.
Regn. No. 63777

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector-49,
Main Road Barola, Noida-201307

NEXT CONSULTATION DATE:

After 7 Days

Nutritional Assessment Form

I. Identifying Information

Full Name: Anisha Date: 23/12/21
 UHID No: JS2107615 Age: 50 yr. Sex: Female

Ethnicity: Hindu ☐ Muslim ☒ Christian ☐ Sikh ☐ Jain ☐ Tribe ☐ Other: - ☐

Referring Clinician: _____

Reason(s) for visit: For Severe headache

II. Medical History (please give full details)

- Diabetes YES/NO ☒ HBA1c.....since.....Medication
- HTN YES/NO ☒ Last recorded valuesince.....medication
- CAD YES/NO ☒ STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO ☒ REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE.....MEDICATION

Are you allergic to any food or drink? Yes or No ☒

If yes, please specify - _____

Do you get a rash or edema from your allergy? Yes or No

Do you take any vitamins, minerals and/or food supplements? Yes or No ☒

If yes, which ones _____

Have you had any major injuries, hospitalizations, or operations? Yes or No ☒

If yes, what _____

Do you have any chronic illnesses? Yes or No ☒

If yes, please explain _____

(Examples: Shortness of breath, Heartburn, Constipation, Excessive thirst, Headaches, Pain, bleeding etc)

Do you take any medications on a regular basis? Yes or No ☒

If yes, what medication and what dosage _____

Please explain about

- Appetite - *Normal*
- Food habits - *Normal*
- Daily working hours: -
- Exercise -
- Job profile - *House wife*
- Height: *5'5"*
- Weight: *69 kg*

Have you ever been diagnosed or do you suffer from anxiety? Yes or No

If yes, please explain _____

Have you ever been diagnosed or do you suffer from depression? Yes or No

If yes, please explain _____

Have you ever been diagnosed or do you suffer from an eating disorder, such as, anorexia, bulimia, or binge eating? Yes or No

If yes, please explain _____

Doctor Signature

[Signature]
13/12/21 5:45 PM

Patient Signature

[Signature]

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector-49,
Main Road Block, Noida-201307



JEENA SIKHO LIFECARE PVT. LTD.

CHANDIGARH H/O : SCO-11, Kalgidhar Enclave, Shimla Highway,
Baltana, Zirakpur, 01762-531531, 70597-70597

Patient File No.

Doctor Name : Dr. Ajeet

Branch : Noida

DATE	B.P	SUGAR	WEIGHT	REMARKS
23/12/21	120/81 mmHg	-	69 kg	SpO2 96%
	(73) Pulse			

Name Anisha C/o / D/o / F/o Samsuddin

Age 50yr Weight 69 kg Height 5'5" DOB 11/1/1971 Sex: M ☐ F ☒

Occupation Housewife Religion Muslim Blood Group O+ DOM 1993

Address B-98, Kamehan Kunj, Okhla, Noida.

City Noida State U.P Pin Code 201301

Telephone 858608310 E-mail ID Dont have. -email

CONFIDENTIAL INFORMATION

MARITAL STATUS ☒ Married ☐ Single ☐ Divorced ☐ Widow ☐ Others

DIET ☒ Veg ☐ Non-Veg ☐ Mixed

ADDICTION/HABIT ☒ Tea ☐ Coffee ☐ Smoking ☐ Alcohol ☐ Tobacco Other _____

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़े थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी कैल्सिकल वाली गोलिएं अभी खा रहे हो? गोलिएं के नाम और कितने साल से?
- आज तक कौन-कौन सी जांच करा चुके हो और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका जिंदगी पर गहरा असर पड़ा हो?
- सबसे पहले किस बीमारी से शुरुआत हुई थी?

23/12/21

Ch migraine x 3 yrs.

NO H10 DM

HTM

Thyroid

Appetitus (N)

Bowel - constip

Sleep - ↓ L

Throat - (N)

Urine - (N)

Crus +

Date 23/12/21

Patient Signature

[Signature]

Tongue (जिह्वा)



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date	23/12	24/01				
	Yellow Coated	White Coated				
Naadi (नाड़ी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑↑	↑				
Pitta	↑	↑				
Kapha						

धरण/कोड़ी: ☐ Yes ☐ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
Feeling of vomiting & Giddiness	4-5 month				
Severe headache					
Pain ↑ at morning					

FAMILY HISTORY :
Complaints -

Father	Mother	Sister	Brother	Grand Parents	Father Side बाबा ताऊ बुआ	Mother Side माया मासी

Surgery/Procedure History No

Food..... Medicine..... Other.....

DIAGNOSIS Migraine (अर्धवैभेदक विकार)

SPECIFIC ADVICE: Avoid heavy meals: Dairy products.

[illegible][illegible]

Doctor Signature

DATE:- 23/12/21

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Borahm vati — 1 BD Medh Cap - 1 BD	2 Lukewarm water

DATE:- 24/01/21

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Borahm vati — 1 BD Medh Cap - 1 BD	2 Lukewarm water

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE	MORNING TO NIGHT DIET FULL DETAILS
22/12/21	Last Day - 4:00 AM - wake - 2 glasses water 8:00 AM - Chapatti + chawal + veg → 1 cup Tea 1:30 PM - Rice + dal - 9:00 PM - chapatti + veg - 1 glass milk
23/12/21	Today - 4:00 AM wake - 1 cup Tea - 1 chapatti + veg
	Last Day -
	Today -
	Last Day -
	Today -
	Last Day -
	Today -
	Last Day -
	Today -
	Last Day -
	Today -
	Last Day -
	Today -



Jeena Sikho Lifecare Pvt. Ltd

Awana Complex, Sector 49, Main Road Barola, Near Yamaha Vihar,
Opposite Dominos, Noida, Uttar Pradesh - 201307

+91 9313666680

UHID: 552107615 OPD: 7684 Room No. 02 Date: 23/12/21

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Anisha
Name Of Father/Husband (पिता/पति का नाम) Mr. Samsuddin
Date Of Treatment (उपचार की तिथि) 23/12/21 Time of Treatment (उपचार का समय) 3:00 PM Age (उम्र) 50 Sex (लिंग) F
Assistant Doctor (सहायक उपचारक) Self
Doctor Incharge (संचालक उपचारक) Dr. Ajit
Treatment end Date (उपचार समाप्ति तिथि) 25/12/21 Time End Of Treatment (उपचार का समय समाप्त) 4:00 PM
Operation (If Any) -
Procedure (प्रक्रिया) Shiradhra
Diagnosis (रोग निश्चय) migraine (सर्दिकेविक बिना रोग)
Address & Phone No. (पता एवं फोन नं.) B-98, Kanchan Kung, Okhla, Noida
8586080310

Result	Cured/Relived	Investigation Only	Expired
	☒		

Payment :- CASH ☒ TPA Name/No. GOVT. Insurance.

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Jeena Sikho Lifecare Ltd. at my own risk and i am ready for the ayurveda treatment. I am giving my consent after understanding benefit and out come of treatment. the information given by me are absolutely correct.

मैं अपनी मर्जी से जीना सीखो लाइफ केयर लिमिटेड क्लिनिक में दिवसीय उपचार के लिए भर्ती हो रहा हूँ। मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक चिकित्सा पद्धति के लिए और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा हूँ एवं मैंने जो विवरण दिया है वह पूर्णतः सही है।

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector-49,
Main Road Barola, Noida-201307

Dated (दिनांक) 23/12/21

Attendent (प्रत्यक्षी) Anisha

Signature (हस्ताक्षर) Anisha

Relationship with Patient (रोगी के साथ सम्बंध) Self

Terms & Conditions

I have opted on my own for admission into this clinic and will pay the bills as clinic rules and regulations.

The management reserves the right to admit or discharge the case amendment /modify rules, regulation and the charges without notice or assigning any reason there of .

3. The facilities provided in the room are maintained in working order but any failure in their functioning does not affect the charge and the management accepts no liability for the same. The Clinic accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone, electricity and air-conditioning failure etc.
4. Patients are advise not be bring any valuable or any jewellery or any other luggage with them. The Clinic will not be responsible for any loss or theft .
5. Suggestions/complaints may be given in writing at the reception.
6. All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque's are not accepted.

नियम व शर्तें

1. मैंने इस क्लिनिक में प्रवेश के लिए अपना खुद का चयन किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूंगा /करूंगी ।
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी ।
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती हैं लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है । क्लिनिक स्ट्राइक, लॉक आउट, वॉटर , टेलीफोन , बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई जिम्मेदारी स्वीकार नहीं करता है
4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य समान ना लाएं । अतः क्लिनिक किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा ।
5. रिसेप्शन पर लिखित में सुझाव/शिकायते दी जा सकती है ।
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि । चैक नहीं लिया जाता है ।

Dated (दिनांक)..... 23/12/21

Signature (हस्ताक्षर)..... Anisha

Relationship of Patient (रोगी से सम्बंध)..... Self

Witness(प्रत्यक्षी)..... Anisha

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector-49,
Main Road, Gurgaon, Noida-201307

Covid-19 Mandatory Self Declaration Form

Name: Anisha Date: 23/12/21
Address: B-98, Kamacham Kunj, Okhla, Noida
Age: 50y4 Contact Number: 8586080310 Gender: M/F Female
OPD: 7624 IPD: 108 UHID: JS2107615

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Jeena Sikho Lifecare Pvt Ltd Clinic to fill-out the self-declaration form below.

Do you have any of the following flu-like symptoms?

Fever	Yes	No ☒
Dry Cough	Yes	No ☒
Sore Throat	Yes	No ☒
Diarrhea	Yes	No ☒
Breathlessness	Yes	No ☒
Asthma	Yes	No ☒
Other: Please specify	Yes	No ☒

- History of travel in the recent one month nationally and internationally?
No
- Any contact history with a person who had returned from foreign country? If yes, please specify.
No
- Purpose of your visit: For consultation, Patient attendant/other reason?
consultation
- Have you come in contact with the covid-19 positive patient in last one month?
No
- Have you attend any gathering or visited any crowded market place in the last 14 days? If you, please specify.
No
- Are you taking any precautionary measures for boosting your immunity prior to coming? If you, please specify.
Ayush Kwath
- Kindly share your status of Arogya Setu app? Red/Orange/Green.
Green

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

If I am an asymptomatic carrier or an undiagnosed patient with covid-19, I know it may endanger doctors and clinic staff. It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them.

I also know that I may get an infection from the clinic or from a doctor and I will take every precaution to prevent this from happening but I will not at all hold Doctors and clinic staff responsible if an infection occurs to me or my accompanying persons.

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector 49,
Main Road Barola, Noida, Uttar Pradesh

ESTIGATION EXAMINATION (जाँच)

N/A

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तांत)

Δ migraine

Shirodhara x 3 Days.

DIET ADVISE ON DISCHARGE (आहार निर्देश)

As per diet chart

Follow up (दोबारा कब आना है) 7 days / sos

CONDITION AT THE TIME OF DISCHARGE

Home ☒ Dead ☐ Referred ☐ Lama ☐

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)

PH No. +91 99713 09044

- A) If Pain Increase
- B) If swelling increase
- C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Brahm vati } 1-1 after Meal
Medh carp } 1-1 BO & Lukewarm water.

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector-49,
Main Road Bawana, Noida-201307

6:00pm 25/12/21

Dr. Name Dr. Pjeet

Sign [Signature]

Date 25/12/21



Jeena Sikho Lifecare Pvt. Ltd

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Opposite Dominos, Noida, Uttar Pradesh - 201307

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Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Anisha Age(आयु) : 50yr Sex(लिंग) : Female

OPD : UHID No :

Address /पता : B-98, Kamcham Kung, Okhla, Noida

Phone No./ फोन नं. : 8586080310 Email / ईमेल : —

Name of Doctor /डॉक्टर का नाम : Dr. Ajeet

Dear Sir/Madam, प्रिय महोदय/ महोदया

We want know your opinion. We would appreciate if you would spare us a moment of your valuable time in providing us your feedback regarding various aspects of medical care and hospitality that were extended to your stay here with us.

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।

जो हमारे यहाँ इलाज के दौरान अनुभव किया।

S.No	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	Not good/ अच्छा नहीं No/नहीं
1.	Do you found Time period spent on your assessment is sufficient or not ? आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?	Yes	
2.	Explained about diagnosis and treatment ? निदान और उपचार के बारे में समझाया ?	Yes	
3.	How is work experience of staff ? कर्मचारियों का कार्य अनुभव कैसा है ?	Good	
4.	During your problem did employee or staff respond you on time or not ? जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं ?	Yes	
5.	Did staff treat you with dignity and respect ? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	Yes	
6.	How would you feel during treatment ? इलाज के दौरान आपने कैसा अनुभव किया ?	Good	
7.	Did you have confidence and trust in the staff ? क्या आप कर्मचारी के कार्य क्षमता से सतुष्ट हैं ?	Yes	
8.	What one thing would you change about the department ? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		NO

Your comments / आपके सुझाव

NO

Date : 25/12/21

Signature (Patient/Guardian)

Signature (MD/MS)

Signature (Clinic Authority)

Jeena Sikho Lifecare Pvt. Ltd.
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Opposite Dominos, Noida, Uttar Pradesh - 201307

+91 9313666680

Panchkarma Consent

UHID: IS2107615 OPD: 7624 Room No. 02 Date: 23/12/21

patient's Name (रोगी का नाम) Anisha
 Father's/ Husband's Name (पिता/पति का नाम) Mr. Samsuddin
 Date (दिनांक) 23/12/21 Age (उम्र) 50 yr. Sex (लिंग) Female
 Address & Phone no. (पता एवं फोन नं.) B-98, Kancham Kunj, Okhla, Noida.
 Treatment Benefits (उपचार के लाभ) Shirodhara, Relief in stress & Headache.
 Risk (जोखिम) Headache Increase.
 Alternative (विकल्प) Stop Therapy and give Shirovijani® oil.

हमें हमारी थैरेपी के बारे में पूर्णतः बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।

जैसे :-

घुटनों में सूजन	☒	झनझनाहट	☒
पैरों में दर्द	☒	अकड़न	☒
पेट में भारीपन	☒	सुन्नपन	☒
कमर में दर्द	☒	उल्टी	☒
दर्द में वृद्धि	☒	दस्त	☒
बुखार आना	☒	बी.पी कम होना	☒

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थैरेपी के बारे में पूर्णतः जात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयं की होगी।

> थैरेपिस्ट का नाम Payal थैरेपिस्ट हस्ताक्षर Payal
 > डाक्टर का नाम Dr. Ajit रोगी के हस्ताक्षर Anisha
 > प्रत्याक्षी Self दिनांक 23/12/21

We are informed about the therapy & also about the complication in which e.g.

Swelling in Joints	☒	Tingling sensation	☒
Pain in Legs	☒	Tenderness	☒
Tenderness in abdomen	☒	Numbness	☒
Backache	☒	Vomiting	☒
Increase pain	☒	Loose motion	☒
Fever	☒	Decrease B.P	☒



> After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform Shirodhara
 > Therapist's Name: Payal Therapist's Signature Payal
 > Doctor's Name: Dr. Ajit Patient's Signature Anisha
 > Witness: Self Date: 23/12/21



Jeena Sikho Lifecare Pvt. Ltd

Awana Complex, Sector 49, Main Road Barola, Near Yamaha Vihar,
Opposite Dominos, Noida, Uttar Pradesh - 201307

+91 9313666680

UHID: TC2107615

OPD: 7624

Room No. 02

Date: 25/12/21

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Anisha Age (उम्र) 50 yrs Sex (लिंग) Female

W/o, S/o, D/o (पिता/पति) Dr. Samsuddhi

Address (पता) B-98, Kamchom kunj, Okhla, Noida

Treatment Start Date (उपचार प्रारंभ दिनांक) 23/12/21 End Date of Treatment (उपचार की अंतिम तिथि) 25/12/21

Treatment Start Time (उपचार प्रारंभ समय) 3:00 PM Treatment End Time (उपचार समाप्ति समय) 4:00 PM

Chief Consultant (मुख्य चिकित्सक) Dr. Ajit

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृत्तान्त)

Severe headache; Pain increase in morning! Feeling of vomiting & Giddiness.

Past Medical History (पुराना चिकित्सा वृत्तान्त) No

Family History (कुटुंब वृत्तान्त) No

Pain Scale 7/10

VitaParameters

B.P 120/77 mmHg
P/R 73/min
SUGAR 10mg/dl
WEIGHT 76kg
HEIGHT 5'3"

MENSTRUAL HISTORY

Regular

Astha Sthana Pariksha

1. NADI VIP
2. MALA आवृत
3. MUTRA पीतवर्ण
4. JIWAHA आवृत
5. SHABDA शाम्भरी
6. SPARSHA खर
7. AKRUTI सामान्य
8. DRIKA सामान्य

Dash vidha Pariksha

- 1) Prakruti VIP
- 2) Vikruti VIP
- 3) Sara मह्यम
- 4) Samhana मह्यम
- 5) Pramana मह्यम
- 6) Satmya मह्यम
- 7) Satva उत्तर
- 8) Agni ग्रह्यम
- 9) Vaya पृथ
- 10) Vyayam Shakti मह्यम

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Charges Concern Form

Name (नाम): Anisha DOA (भर्ती की तारीख): 23/12/21

Age (उम्र): 50 yrs. Sex (लिंग): Female UHID: IS2107815 OPD: 7624

W/O, S/O, D/O (पिता/पति): Colo Samsuddin Day Panchkarma: 3 Days

Consultant Name (चिकित्सक नाम): Dr. Ajeet

Provisional Diagnosis (रोग निश्चय): Migraine

Final Diagnosis (रोग विनिश्चय): Migraine

1. Procedure details (प्रक्रिया विवरण): Shirodhra

2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क): Rs.

3. Nursing Charges (नर्सिंग शुल्क): Rs.

4. Package Charges Procedure wise

A: Shirodhra x 3 Days - 2000 x 3 = 6000/-

B: Rs.

C: Rs.

D: Rs.

E: Rs.

5. Doctor Fees (चिकित्सक शुल्क): Rs.

6. Medicine (approx) costing: 8370/-

7. Consumable (approx) charges: Rs.

8. Accessory (approx) charges: Rs.

9. Diet Charges (आहार शुल्क): Rs.

Total Estimated Package Rs. 8370/-

Patient Signature

Anisha

Receptionist Signature

Rupa

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UHID JS2107615 OPD 7624 Room No. 02 Date 23/12/21

PROCEDURE

I Anisha W/o, S/o, D/o colo Samsuddin
R/O B-98, kamcham kunj, Noida
Date of Admission 23/12/21 Age 50 yr Sex female
Has been clearly explained about the Procedure Shirodhra
By Dr.....

It have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my own language. I have been explained about the expenses for the procedure clearly. I have been explained about the procedure and in case of any emergency or further referral to any higher centre, the required expenses in that case will be paid by me. I am giving my consent for the procedure mention about.

मैं Anisha पिता/पति का नाम colo Samsuddin पता B-98, kamcham kunj
okhla, Noida (दिनांक) 23/12/21 उम्र 50 yr लिंग Female

डॉ. Dr. Ajit ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बता दिया है। जिसमें आने वाले उपद्रवों के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े अस्पताल एवं क्लीनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लीनिक के सारे नियम व कानून पढ़ चुका/चुकी हूँ एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

Patient's Name (रोगी का नाम) Anisha

Signature (हस्ताक्षर) Anisha

Date (दिनांक) 23/12/21

Place (स्थान) Noida

Witness (प्रत्यक्षी) self

Doctor's Name (चिकित्सक नाम) Dr. Ajit

Signature (हस्ताक्षर) [Signature]

Date (दिनांक) 23/12/21

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Awana Complex, Sector 49,
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+91 9313666680

UHID: JS2107615 OPD: 7624 Room No.: 02 Date: 23/12/21

PROCEDURE

Patient's Name (रोगी का नाम) Anisha
Father's/Husband's Name (पिता/पति का नाम) Bamsuddin
Date (दिनांक) 23/12/21 Age (उम्र) 50yr Sex (लिंग) Female
Procedure Perform (प्रक्रिया) Shirodhara
Provisional Diagnosis (रोग निश्चय) Migraine
Final Diagnosis (रोग विनिश्चय) Migraine
Doctor Name (चिकित्सक नाम) Dr. Ajit
Therapist Name (सहायक नाम) Payal

Details of Therapy:

Adv. Shirodhara + Brahmi oil 500ml (45min)
+ Kshumbala oil 500ml x 3 Days.

Doctor's Name (चिकित्सक नाम) Dr. Ajit

Date (दिनांक) 25/12/21

Signature (हस्ताक्षर)

5:00PM.

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25/12/21

Awana Complex, Sector 49, Main Road Barola, Noida, Uttar Pradesh – 201307

Name Anisha Age 50yr Gender Female Date 23/12/21

- Severe headache
- feeling of vomiting & dizziness
- Pain ↑ at morning.

पञ्चा - क्षिप्र, मारुत, शीत, तृष्णा

अपश्य - सीताफल, राजमा, बीज

Jeena Skin Lifecare Pvt. Ltd.
Awana Complex, Sector-49,
Main Road Block, Noida-201307

23/12/21

Prakurti Chart Form

UHD JS2107615 Room No. 02 Date 23/12/21

Individually add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind/body type.

		VATA	PITTA	KAPHA
MENTAL PROFILE				
Mental activity	☒	Quick mind restless	☐ Sharp intellect aggressive	☐ Calm steady stable
Memory	☐	Short-term best	☒ Good general memory	☒ Long-term best
Thoughts	☒	Constantly changing	☐ Fairly steady	☐ Steady stable fixed
Concentration		Short-term focus best	☒ Better than average mental concentration	☒ Good ability for long term focus
Ability to learn	☒	Quick grasp of learning	☐ Medium to moderate grasp	☐ Slow to learn
Dreams	☒	Fearful flying running jumping	☒ Angry, fiery, violent adventurous	☒ Includes water clouds relationship, romance
Sleep	☐	Interrupted light	☐ Sound, medium	☐ Sound, heavy long
Speech	☒	Fast sometimes missing words	☒ Fast sharp clear cut	☒ Sound, clear, sweet
Voice	☒	High pitch	☐ Medium pitch	☐ Low pitch
Mental profile				
Eating speed	☒	Quick	☐ Medium	☒ Slow
Hunger level	☐	Irregular	☐ Sharp need food when hungry	☐ Can easily miss meals
Food and drink	☒	Prefers warm	☐ Prefers cold	☒ Prefers dry and warm
Achieving goal	☐	Easily distracted	☒ Focused of driven	☐ Slow and steady
Giving/donation	☒	Gives small amounts	☐ Gives nothing or large amount infrequently	☒ Gives regularly and generously
Relationships	☒	Many casual	☐ Intense	☐ Long and deep
Sex drive	☐	Variable or low	☐ Moderate	☐ Strong
Works best	☒	White supervised	☒ Alone	☒ In groups
Weather preference	☐	Aversion to cold	☐ Aversion to heat	☐ Aversion to damp cool
Reaction to stress	☒	Excites quickly	☐ Medium	☒ Slow to get excited
Finances	☐	Doesn't save spends quickly	☒ (Save but big heat)	☒ Save regularly accumulates wealth
Friendship	☒	Tends towards short term friendship makes friends	☐ Tends to be a longer friends related to occupation	☒ Tends to form long lasting

Vata type

Dry to rough skin, insomnia, constipation, fatigue, headaches, intolerance of cold underweight or losing weight anxiety, worry, and restlessness, attention deficit with hyperactivity disorder.

Pitta type

Rashes inflammatory, skin condition, stomach ache, diarrhea, controlling and manipulative behavior, visual problems, excessive body heat, hostility irritability and excessive competitive drive.

Kapha type

Oily skin shows digestion, digestion, sinus congestion, nasal allergies, asthma, and obesity. Skin growths, possessiveness, neediness, apathy, depression, difficulty, paying attention.

INSTRUCTIONS FOR PANCHKARMA TREATMENTS

1. Warm and hot water for drinking.
2. Hot water for bathing.
3. Avoid day sleep.
4. Avoid awakening in night.
5. Pass natural urges (urine & stools) before Panchkarma treatments.
6. Don't suppress natural urges.
7. Don't do excessive workout exercise
8. Don't expose to cold air or hot sun.
9. Avoid stress and strain during treatment.
10. Don't travel on vehicles immediately after treatment.
11. Immediately after traveling or exercise should be not taking and panchkarma treatment.
12. Avoid coitus during treatment period.
13. Take proper rest during and after treatment.
14. During treatment patient should be kept on light and hot diet.

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Room No. 02

PH No. +919313666680

4:10 PM

PROGRESS NOTES

23/12/21

B.P.: 120/77 mmHg

P/R: 73 min

Temp.: 96°F

Pain: 7/10

C/S/B - Dr. Ajeet

E/C - Severe headache

• Pain ↑ at morning

• feeling of vomiting & giddiness

CVS (N)

CNS (N)

G.C.

Adv - Shirodhara - Brahmi oil

+ Kshar bala oil

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector-49,
Main Road Barola, Noida-201307
23/12/21 4:10 PM

24/12/21 4:20 PM

B.P.: 122/83 mmHg

P/R: 72 min

Temp.: 96°F

Pain: 6/10

C/S/B - Dr. Ajeet

• Severe headache

• NO vomiting & giddiness

CVS (N)

CNS (N)

Adv - Shirodhara - Brahmi oil
+ Kshar bala oil

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector-49,
Main Road Barola, Noida-201307
24/12/21 4:20 PM



Jeena Sikho Lifecare Pvt. Ltd
Awana Complex, Sector 49, Main Road Barola, Near Yamaha Vihar,
Opposite Dominos, Noida, Uttar Pradesh - 201307

UHID: JS2107615

OPD: 7624

Room No. 02

PH No. +919313666680

PROGRESS NOTES

25/12/21 5:30pm C/S/B - Dr. Ajeet
B.P.: 117/81 mm Hg
P/R: 73/min
Temp.: 95°F
Pain: 5/10
Clo - Mild headache

Adv

Shirodhara = Brahmi oil
+ Ksheerbala oil

Discharge

Continuous same treatment

B.P.:

P/R:

Temp.:

Pain:

Jeena Sikho Lifecare Pvt. Ltd.
Awana Complex, Sector 49,
Main Road Barola, Noida-201307

25/12/21
4:45 PM



Jeena Sikho Lifecare Pvt. Ltd

Awana Complex, Sector 49, Main Road Barola, Near Yamaha Vihar,

Opposite Dominos, Noida, Uttar Pradesh - 201307

UHID: JS2107615

OPD: 7624

Room No. 02

PH No. +919313666880

PROGRESS NOTES

23/12/21 5:30 PM.

B.P.: 120/77

P/R: 74/min

Temp.: 97°F

Pain: 7/10

Before treatment c/s/B - Dr. Ajit

c/o. Severe headache

- Pain usually severe at morning
- Feeling of vomiting
- Feeling of Giddiness

Adv - Shirudhwa z Borahmi oil
+ Kshurbala oil

Meds cap | 1-1 BD After Meal
Borahmi vati | 1-1 z Lukewarm water.

25/12/21

B.P.: 117/81 mm Hg

P/R: 73/min

Temp.: 96°F

Pain: 5/10 5:30 PM

After treatment c/s/B - Dr. Ajit

c/o. No sign of Vomiting & Giddiness

- Headache reduced.

Adv Same treatment

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25/12/21