

NC01/AAC 2C: Although UHID is generated at end of the registration but in some sampled Medical record UHID was not found in written

- As per the procedure we generate UHID number registration at the very beginning, one or two files might have been missed by mistake, which we have corrected and special care is taken to ensure that such mistake will not happen in future. Attaching sample case sheet for your reference.

Apna
21-12-2022
OREGANO LIFE PVT. LTD.
11, Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi-110092

Dr. Himanshu Verma

BAMS, D.A.K, D.P.C (Ayurvedacharya)

UHID No.: 060743

Age: 40 Sex: M

Date: 11/2/22

Time: 12:00 PM

ORTHOCARE

- Joint Pain
- Cervical Pain
- Back Pain
- RA, OA
- Ankylosing Spondylitis

PANCHKARMA

- Detoxification
- Rejuvenation
- Shirodhara, Shiro Basti
- Shiro Pichu
- Kati Basti, Prisht Basti
- Janu Basti
- Akshi Tarpana
- Nasya
- Basti
- Abhyanga
- Swedanam
- Virechan
- Vaman

GASTOCARE

- Acidity
- Constipation
- Liver Treatment
- Gastritis
- I.B.S, Ulcers

FACILITY

- In Patient Department (I.P.D)
- Day Care Facility
- Out Patient Department (O.P.D)

Name: Ram Singh

W/o, D/o, S/o: Shri Ram Tej Singh

Chief Complaint Pain in knee joint & Pain in back and Body pain

History Pain in knee joint from last 2 years.

Menstrual History

Diagnosis: 2. अरिक्ता

अष्टविध

परीक्षा

स्पर्श (N)

शब्द (N)

Face (आकृति) (N)

Eye (दृष्टि) (N)

Jivha (जिह्वा) (N)

Urine (मूत्र) (N)

Stool (मल) (N)

Nadi (नाड़ी) वातर

(Dash Vidha)

1. Prakruti Vafey
2. Vikruti Vafey
3. Sara Medhyen
4. Samhana Medhyen
5. Pramana Medhyen
6. Satmya Medhyen
7. Satva Medhyen
8. Aahar Shakti Medhyen
9. Vaya Medhyen
10. Vyayam Shakti Medhyen

Vitals:

B.P.: 120/88 mmHg

Weight: 58kg

Height: 5'8"

Q- Pain in knee joint, Pain in back and body pain.

▷ Sandhivata

R₂
- Cap. G. Flexi x B.D 1 cap morning after meal & water -
- Tab. Val. Han. Vati x B.D 1 tab morning after meal & water -
- Tab. Aam. Vati Han. x B.D 1 tab morning after meal & water

OREGANO LIFE PVT. LTD.
11, Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi - 110092
12:00 PM

NEXT CONSULTATION DATE:

Doctor Signature & Stamp

INITIAL ASSESSMENT FORM

DATE: 1/12/22 UHID No: 020743 OPD No.: 02/OP/753

PATIENT NAME: Ram Singh S/W/D Name: Ram Tej Singh PHONE No: 9654932110

PATIENT HISTORY:

ADDRESS (Province-District):

PATIENT AGE: 40/m

F

M

Diagnosis: Sandhivata

1. Civil Status

Single

Married

Number of children:

2. History of the trauma/illness

Date:

Circumstances/Etiology:

Associated diseases:

3. Medical History/Treatment

Hospital:

Care:

Day Care

Evolution since the beginning

Improved

Worse

Remarks:

Medication:

- Cap. 60 Flax
- Tab. 1000 mg Vata

X-ray/Other ex:

VATA

PITTA

KAPHA

MENTAL PROFILE

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

Remarks:

Date

1/12/22

Diet (As Per Patient Already Taking)

Breakfast	Lunch	Dinner	Night
1/12/22 · Tea	Roti + Sabji	Rice + Rajma + Salad	Milk

PANCHKARMA TREATMENT PLAN**POORVA KARMA**

Days Medicine	Rx — Cap Goflaxi x B.D 1 cap morning evening after meal & water
Risk, Benefits	Tab Vat has Vati x B.D 1 cap morning evening after meal & water
Next follow up advice	
Next follow up date	

PRADHA KARMA

Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	

PASCHAT KARMA

Days Medicine	
Risk, Benefits	

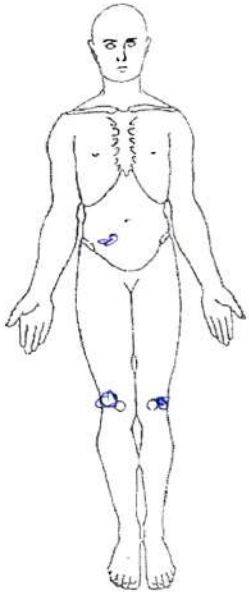
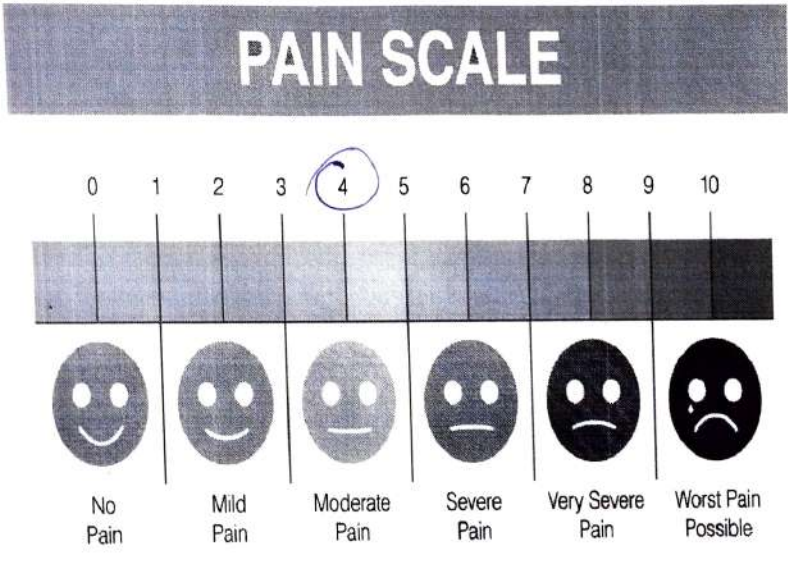
Pain Score
Functional Evaluation:

Balance disorders

Sitting	Normal
	Good
	Poor ✓
	Not possible ✓
Standing	Normal ✓
	Good
	Poor
	Not possible

Coordination

UPPER LIMBS	Good		Poor		Not possible	
	L	R	L	R	L	R
LOWER LIMBS	Good		Poor		Not possible	
	L	R	L	R	L	R
Comments:						



Next Follow Plan 1/12/22

Next Follow Date

General Examination Assesement

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श (N)	1/12/22			Handwritten signature	
2.	शब्द (N)	"			Handwritten signature	
3.	Face (Akruti) (N)	"			Handwritten signature	
4.	Eye (Dirka) (N)	"			Handwritten signature	
5.	Jivha (N)	"			Handwritten signature	
6.	Urine (N)	"			Handwritten signature	
7.	Kastho (Stool) (N)	"			Handwritten signature	
8.	Nadi (वात, पित्त, कफ)	"			Handwritten signature	

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti (Water)	1/12/22			Handwritten signature	
2.	Vikruti (Water)	"			Handwritten signature	
3.	Sara (N)	"			Handwritten signature	
4.	Samhana (N)	"			Handwritten signature	
5.	Pramana (N)	"			Handwritten signature	
6.	Satmya (N)	"			Handwritten signature	
7.	Satva (N)	"			Handwritten signature	
8.	Aahar Shakti (N)	"			Handwritten signature	
9.	Vaya (N)	"			Handwritten signature	
10.	Vyayani Shakti (N)	"			Handwritten signature	

NUTRITIONAL ASSESSMENT FORM

I. Identifying Information

Full Name: Ram Singh Date: 11/12/22
 UHID No: 010743 Age: 40 Sex: M

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

Referring Clinician: _____

Reason(s) for visit: _____

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 MENTRUALCYCLE.....MEDICATION

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

If yes, please specify: - No

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 No

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

If yes, what No

Do you have any chronic illnesses? Yes or No

If yes, please explain No

(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 No

Please explain about

- Appetite: Good
- Food habits: Normal
- Daily working hours: 6 hrs
- Exercise: 1 hr
- Job profile: working
- Height: 5'6 ft
- Weight: 70 kg

Breakfast - चाय, पौष्ट

Lunch - दाल, रोटी, सब्जी

Dinner - चावल, दाल, सलाद

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

If yes, please explain No

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

If yes, please explain No

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 No

पेशे - हल्का व सुपाच्य भोजन

Ex - चिचड़ी, दलिया, पौष्ट, उपमा
आदि

दोपहर - पनीर, कोले, चावल
आदि

विहार - ज्यादा बाहर न घुमे

Doctor Signature
JIGANO LIFE PVT. LTD.
Kunj,
Nagar,

Patient Signature


COVID-19 MANDATORY SELF DECLARATION FORM

Name: Ram Singh Age: 40 Gender: M/F M
 Date: 11/12/22 Contact Number: 9654938110
 Address: H. No. 146 / Laxmi Nagar Mandawali Delhi
110092

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

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

Fever	Yes	No <input checked="" type="checkbox"/>
Dry Cough	Yes	No <input checked="" type="checkbox"/>
Sore Throat	Yes	No <input checked="" type="checkbox"/>
Diarrhoea	Yes	No <input checked="" type="checkbox"/>
Breathlessness	Yes	No <input checked="" type="checkbox"/>
Asthma	Yes	No <input checked="" type="checkbox"/>
Other : Please specify	Yes	No <input checked="" type="checkbox"/>

- 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?

For 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.

No

- Kindly share your status of Aarogya 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 accountable if such infection occurs to me or my accompanying persons.


Signature

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID No: 000743 OPD No: 04/09/25 IPD No: Date: 1/12/22

Patient Name (रोगी का नाम) Ram Singh Age (उम्र) 40 Sex (लिंग) M
 Name of W/O, D/O, S/O (पता/पति का नाम) Ram Tej Singh
 Address (पता) H.No 146/ Laxmi Nagar, Delhi Mandauli - 110093
 Phone No (फोन नं.) 9654928110 Email (ईमेल)
 Name of Doctor /डॉक्टर का नाम: Dr. Himanshu Verma
 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? ईलाज के दौरान आपने कैसा अनुभव किया ?	Good	
7.	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट 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			

Date: 1/12/22

OREGANO LIFE PVT. LTD.
11, Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi-110092
Signature (Clinic Authority)

Signature (Patient/Guardian)

OREGANO LIFE PVT. LTD.
11, Krishna Kunj,
Main Market, Laxmi Nagar,
East Delhi-110092
Signature (MD/MS)