KRM Ayurveda

Karma Ayurveda
Where Ayurveda Comes Authentic
(A unit of KRM Ayurveda)

Dr. Puneet B.A.M.S. (DU)
5th Generation in Ayurved
Regd. No.- DBCP/A/7990

Dr. Monika BAMS Regd. No. DBCP/A/8353 | **Dr. Nikhil** BAMS Regd. No. DBCP/A/7203 | **Dr. Neha** BAMS Regd. No. DBCP/A/9339 | **Dr. Krutika** BAMS Regd. No. DBCP/A/9604

OPD ID- KAOP1556
UHID KRM001475 Name Devender Kumar Sharma / Alkhad Garden / 9250281879 Age/Sex 55/M Dated 8/9/22 10:05am
OPD ID- KAOP1556

Chief compaints with Duration-
H/o Parkinson - 2y
HTN - 2y
tremors in hand
Slurred speech
Dropping of eye lashes
walk imbalance

H/O

O/E
B.P 107/79
P.R 73/min
SPO2- 99%
Temp- 98.3°F
wt- 81 kg

Provisional/Final Diagnosis
कम्पवात

Advice
Nil

Rx

Bowel- constipated
Appetite- diminished
Urine - (N)

Rx

- Kaunch beej powder
  1 tsp —— 1 tsp - B.D × A/f ̄c water
- G-60
  0 —— 0 × B.D × A/f ̄c water
- Brahmi vati
  0 —— 0 × BD × A/f ̄c water
- triphala yog
  1/2 tsp —— H.S ̄c water (W)

× 2months.

Adv. Panchkarma (Day care) × 10days.
(7.10.22 to 16.10.22)
Pt is willing to admit in next month

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DR. MONIKA YADAV BAMS Regd. No. DBCP/A/8353

Advice- follow from 7/10/22 to 18/10/22.

- Abhyang - Pind oil (200ml) — 30 min
- Patra pind sweda — Nadi sweda — 30 min
- Shashtik shali pind sweda — Nadi sweda — 30 min
- Matra Basti — Sahacharadi oil (20ml)
- Shirodhara — Kshirbala oil (2l) — 30 min
- Nasya — Anu tail — 30 min

Benefits → improvement in strength, immunity, grip.

Risk — slight fuel pain in starting

Outcome — good.

Alternative → immediate stop the treatment, inform to dr.

follow diet as per advised.

Do's → ghiya tori, lauki pumpkin. Yogurt

Don't → long sitting - heavy proteins → high calorie

10:20 am

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Dr. MONIKA YADAV
BAMS
Regd. No. DBCP/A/8353

PATIENT ID: KRM001425
DATE: 8/9/22
10:00 5 am.

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Patient Information Form

Name: Devender Kumar Sharma
Age: 55 Marital Status: Married ☑ Single ☐ Sex: M ☐ F ☑
Address: Dilshad Garden, Delhi
City: Delhi State: Delhi Pin Code: 110095
Telephone: 9250 281879 E-mail ID: —
Occupation: Business Height: 5'3 Weight: 81kg. Referred by/Found us: —
Vaccination Status: Vaccinated Vaccine Name: Covishield.

S.No.	Chief Complaints	Duration
1	tremors in hand ↓↓	2y.
2	slurred speech ↓↓	
3	Drooping of eyes. ↓	
4	walk imbalance	
5		
6		
7		
8		

Other Complaints: K/C/O HTN — 2y

History of Present Illness (Specific History): Pt is suffering from Parkinson from 2y. He took many allopathic med. but found no improvement. He came here for further management.

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PAST MEDICAL HISTORY

	History	Duration	Taking Medicine	Current Status
HTN	Yes/NO		Yes/NO	
DM	Yes/NO		Yes/NO	
Thyroid (Hypo/Hyper)	Yes/NO		Yes/NO	
TB/Typhoid/Jaundice	Yes/NO		Yes/NO	
Others	Yes/NO		Yes/NO	

Family History

Treatment History (Surgery/Medication) on allopathic med.

SYSTEMIC EXAMINATION

BOWELS

Vega / Frequency: ___ / ___ day constipated

Consistency
- ☐ Hard
- ☐ Soft
- ☐ Loose
- ☐ Normal
- ☐ Mucoid

Associated with
- ☐ Urgency
- ☐ Pain
- ☐ Bleeding
- ☐ Burning Sensation

Evacuation
- ☐ Complete
- ☐ Incomplete

Taking Laxatives
- ☐ Yes
- ☐ No

Colour

Others

GAS

Intensity ☐ Mild ☐ Moderate ☐ Severe

Passes with ease / Passes with difficulty / Bloating / Burps —

Any medication for Gastritis

ACIDITY

Intensity ☐ Mild ☐ Moderate ☐ Severe

After food / Before food / Always —

Any medication for Acidity —

Heart burn / Acid reflux / Sour blenching / Other

APPETITE AND DIGESTION

Do you feel hungry	Yes	No
Do you feel lightness before the next meal	Yes	No

TONGUE

☐ Coated ☐ Uncoated

Taste Perception Colour Other

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URINE WNL

Frequency D. Colour Associated with Other

EYES WNL

Pallor ☐ Mild ☐ Moderate ☐ Severe

Icterus ☐ Mild ☐ Moderate ☐ Severe

Vision: Other:

SLEEP disturbed

Duration Intensity of Disturbance Sleeping Pills Other

MIND

Anxiety / Depression / Short temper / Mood swings / Negative thoughts / Stress / Restless / Phobia

Sattva heavy Other

Diet - Veg / Non Veg / Mixed Veg + egg

Allergic Reactions

Food Medicines Other

ADDICTION HABITS

Tea / Coffee / Tobacco / Alcohol / Smoking / Paan / Others

MENSTRUAL HISTORY (Female patient)

Duration of cycle: No. of days of flow / Interval between two cycle

Pain Discharge Flow Smell

Any Medication Other Days

OBS. HISTORY (Female-married patient only)

G P A L Mode of delive: C-Section / Normal

Patient Local Examinations

- Tremors in hand
- slowliness in movement

INVESTIGATION DETAILS

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NAADI

V ↑↑↑ P ↑ K ↑↑

DIAGNOSIS

कम्पवात

CHIKITSA SUTRA

Deepan / Pachan / Rechan / Anulomen
Shodhan / Medhya / Balya Rasayan

SPECIFIC ADVICE / PROCEDURE

Abhyang / Patrapind potli swed / Shashtishali pind swed
Matra basti / Shirodhara / Nasya × 10 day

Rx

- Kaunch beej powder 1 tsp —— 1 tsp × B.D × A/F
- G-60 o——o / A/F c̄ water
- Brahmi vati o——o
- Triphala yog 1/2 tsp — H.S c̄ water

× 2 month.

F/u after 2 month

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8/9/22
10:30 am.

KRM ayurveda

INITIAL ASSESSMENT FORM

Date: 8/9/22

Patient Name -:	Mr. Devender Kumar Sharma		UHID :	KRM001425	
Address -:	Dilshad Garden		Contact No.	9250281879	
			Gender-:	male	Age-: 55 y
Date of Illness	~~8/9/20~~ - 2 year ago		Our Ref-:	google	
Consulting Dr. Details :	Dr. Monika		Date Of Initial Assessment :	8/9/22	
Height :	Weight :	81 Kg	BP : 107/79	107/79 mm Hg	Resprate : 16/min
	Blood Sugar :	124 mg/dl	TEMP : 98.2°F	98.2°F	
Hospital is Contact Number :	9871712050		Vaccination Status :	done (vaccinated)	

Patient 's Medical History: K/c/o Parkinson (2y.) + HTN (2y.)

c/o Tremors in hand
Slurred Speech
- walk unbalance
- Droping of eye lashes.

History of injury:

No H/o injury

Current Physical findings:

- Tremors in hand
- speech slurred
- Baby Steps
- Droping of eye lashes.

Is treatment required? If yes treatment programme required, goal and number of sessions required

OPD Medication /IPD/Day ~~Care~~/No Treatment(Referral)

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अष्टविध परीक्षा (ASTA - VIDHA PARIKSHA)

NADI :	73 / min	DRIK :	प्राकृत
MUTRA :	अनाविल	AKRITI :	सम
MALA:	वेह - आम		
JIHWA :	निरम		
SHABDA :	अस्पष्ट		
SPARSHA :	रुक्ष		

दशाविध परीक्षा (DASHA - VIDHA PARIKSHA)

PRAKRITI :	Vaataj - Kaphaj
VIKRITI :	Prakriti Sam Samvet
SARA :	Madhyama
SAMHANANA :	Madhyam
PRAMANA :	Madhyam
SATMYA :	~~Hot~~ Madhyam
SATVA :	Madhyam
AHARA SHAKTI :	Jeerna
VAYA :	Yuva awastha
VYAYAMASHAKTI :	Madhyam

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DOCTOR SIGNATURE:

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NUTRITIONAL ASSESSMENT FORM

I. Identifying Information

Full Name: Devender Kumar Sharma Date : 8/9/2022

UHID No.: KRM001425 OPD No.: KAOP1556 Age: 55 Sex : M

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

Referring Clinician: _____

Reason(s) for visit: Tremors in Hand

II. Medical History (please give full details)

- Diabetes YES/NO ✓ HBA1c.....since.....Medication
- HTN YES/NO ✓ Last recorded value ..187/79..since.....2 yrs.....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 : (N)
- Food habits : Veg.
- Daily working hours: 8. hrs. - 10 hrs.
- Exercise : ✱ Sedentary.
- Job profile : Business.
- Height : 5'3"
- Weight : 81kg.

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

Patient Signature

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COVID-19 MANDATORY SELF DECLARATION

Date : 8/9/22

Name : Devender Kumar Sharma Age : 35 Gender :M/F M

Address : Bilshad Garden Delhi

Contact Number : 9250281879

Due to the on going and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the KRM Ayurveda 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?
- 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.

I here by 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 Hospital 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 Hospital or form a doctor and I will take every precaution to prevent this from happening But I will not at all hold Doctors and Hospital staff accountable if such infection occurs to me or my accompanying persons.

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Patient Signature

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FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID No.: KRM001425 OPD No.: KAOP1556 KAOP1425 Date: 8/9/22

Patient Name (रोगी का नाम) Devender Kumar Sharma Age (उम्र) 55 Sex (लिंग) M

Name of W/O, D/O, S/O (पिता/पति का नाम) Ashok Sharma

Address (पता) Bilshad Garden, Delhi

Phone No (फोन नं.) 9250281879 Email (ईमेल) —

Name of Doctor /डॉक्टर का नाम: Dr. Monika

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 ?	✓	
2.	Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया ?	✓	
3.	How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा हैं ?	✓	
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 ?	✓	
5.	Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	✓	
6	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	✓	
7.	What one thing would you change about the department? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		
Your comments / आपके सुझाव			

Date: 8/9/22

Signature (Hospital Authority)

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Signature (MD/MS)

Signature (Patient/Guardian)

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CHARGES CONSENT FORM

Name (नाम): Devender Kumar Sharma DOA (भर्ती की तारीख): 7/10/22

Age (उम्र) 55 Sex (लिंग) M UHID No. KRM001425 OPD No. KAOP1556 IPD No: Day Care

W/O, S/O, D/O (पिता|पति) : S/O: Ashok Sharma Day Panchkarma: 10 day

Consultant Name (चिकित्सक नाम) : Dr. Monika

Provisional Diagnosis(रोग निश्चय) Vaatvikar

Confirm Diagnosis (रोग विनिश्चय) : Kaphvaat

1. Procedure details (प्रक्रिया विवरण): Abhyag | PBS | Shashtikshalipindswed | NB | Shirodhara | Nasya

2. IPD Charges (आई.पी.डी.) –

3. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) Cost

4. Nursing charges (नर्सिंग शुल्क) –

5. Package Charges Procedure wise -

A: Panchkarma Procedure for 10 Days - 34,800/-

B:

C :

D:

E:

6. Doctor Fees (चिकित्सक शुल्क) Cost

7. Medicine (approx) costing : –

8. Consumable (approx) charges : –

9. Accessory (approx) charges : –

Diet Charges (आहार शुल्क) :

Total Estimated Package Rs 34,800/-

Patient Signature

Receptionist Signature

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मरीज का नाम : Devendra Kumar Sharma

उम्र 65 लिंग M

UHID NO: KRM001425 Date: 7/10/22

सामान्य सहमति पत्र

चिकित्सक ने मुझे मेरे मरीज की गंभीर स्थिति के बारे में संपूर्ण जानकारी दी है। तथा उससे संबधित खतरों के बारे में मुझे अवगत करवाया है। सभी स्थिति को समझते हुए मैं सभी आवश्यक जांचों की अनुमति देता/देती हूँ। अस्पताल के सभी नियमों और खर्चों से मुझे अवगत कराया गया है और मैं सभी नियमों के पालन में अपनी सहमति प्रदान करता/करती हूँ। आगे किसी भी स्थिति एवं अप्रिय घटना के लिए मैं स्वयं जिम्मेदार रहूँगा/रहूंगी. इसमें अस्पताल और चिकित्सक की कोई जिम्मेदारी नहीं होगी।

General consent form

I have been informed well about the health status and associated consequences of my patient by the medical team of KRM Ayurveda. I provide my affirmation for all the necessary investigations and treatments required for the patient. I am also well aware of the bills and tariffs-related expenses and agree to obey the hospital guidelines under any circumstances. The medical team will not be held responsible for any untoward incidents at the KRM Ayurveda Hospital.

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मरीज़ के परिजन के हस्ताक्षर
Signature of Attendant

मरीज़ के हस्ताक्षर
Signature of Patient

KRM Ayurveda Pvt. Ltd.

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ADMISSION FORM (प्रवेश फार्म)

UHID No. KRM001425 IPD No. BayCare OPD No. KAOPISS6 Bed No./Room No. 1 Date 7/10/22

Patient Name (रोगी का नाम) Devender Kumar Sharma Age(उम्र) 55 Sex(लिंग) M.

Name of W/O, D/O, S/O (पिता/पति का नाम) S/o Ashok Sharma.

Address & Phone No. (पता एवं फोन नं.) Dilshad Garden, Delhi / 9250281879

DOA (भर्ती की तिथि) 7/10/22 TOA (भर्ती का समय) 9:00 am

DOD (छुट्टी की तिथि) 16/10/22 TOD (छुट्टी का समय) 4:00 pm

Treatment (प्रक्रिया) Abhyang / PPS / Shashtishali Pind Swed / MB / Shirodhara / Nasya / Kavalgrahan

Diagnosis (रोग निश्चय)

Doctor In charge (संचालक उपचारक) Dr. Monica

Result	✓	Investigation Only	☐
Cured/Relived	☑	Discharge Request	☐
Left Against Medical Advice	☐	Expired	☐

Payment: - CASH ✓ TPA Name / No. X Govt. Insurance. X

Dated (दिनांक) 7/10/22 Witness (प्रत्यक्षी)

Signature (हस्ताक्षर) Devender Sharma Relationship of Patient (रोगी से सम्बंध)

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Pit[illegible] Delhi-110034

Terms & Conditions

1. I have opted on my own for admission into this Hospital and will pay the bills as Hospital rules and regulations.
2. 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 Hospital accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone, electricity and air-conditioning failure etc.
4. Patients are advising not be bring any valuable or any jewelry or any other luggage with them Hospital also advised to deposit the surplus cash with the Hospital and get a receipt, The Hospital 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 is not accepted.
7. I am getting admitted on basis at KRM Ayurveda at my own and i am ready for the medical system treatment. I am giving my concern after understanding benefit and outcome of treatment the information given by me are absolutely correct.

नियम व शर्तें

1. मैंने इस अस्पताल में प्रवेश के लिए अपना खुद का चयन किया है और अस्पताल के नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा /करूँगी |
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी कारण को असाइन करना |
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती है लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है | अस्पताल स्ट्राइक, लॉक आउट, वॉटर , टेलीफोन ,बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई ज़िम्मेदारी 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 | अगर अधिक नगदी है तो अस्पताल में जमा करने की भी सलाह दी | अस्पताल के साथ उनके अधिशेष नगद और एक रसीद प्राप्त करें | अत: अस्पताल 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
7. मैं अपनी मर्जी से के. आर. एम आयुर्वेदा में भर्ती हो रहा\रही हूँ | मैं तैयार हूँ मेरे साथ होने वाली चिकित्सा पद्धति के लिए और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा\रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णत: सही है |

Dated (दिनांक)..... 7/10/22 ..... Relationship of Patient (रोगी से सम्बंध)..... —

Signature (हस्ताक्षर)..... ..... Witness(प्रत्यक्षी)..... —

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Prakurti Chart Form

UHID No KRM001425 OPD No KAOP/1425 KAOP 1556 DATE 8/9/22

Kindly 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	Claim stead stable
Memory	Short-term best	Good general memory	Long –term best
Thoughts	Constantly charging	Fairly steady	Steady stable fixed
Concentration	Short-learn 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	Show
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 law	Moderate	Strong
Works best	White supervised	Alone	In groups
Weather preference	Aversion to cold	Aversion to heat	Aversion to damps 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 clod air of 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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Pain Score

Functional Evaluation:

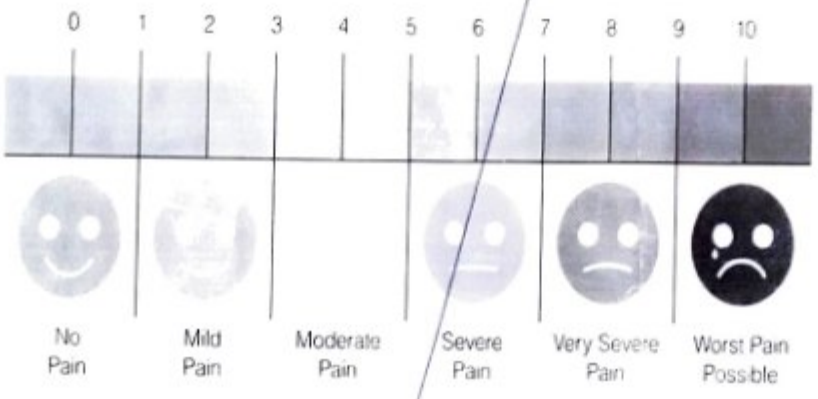
Balance disorders

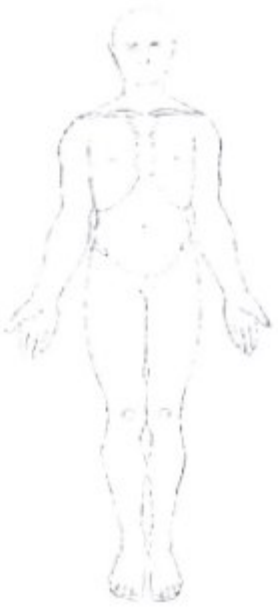
Sitting	Normal
	Good
	Poor
	Not possible
Standing	Normal
	Good
	Poor
	Not possible

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:						

PAIN SCALE





N.A

Next Follow Plan

Next Follow Date

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Treatment Timetable

S. No.: 22.

Date: 7/10/22

Patient Name: Devender Kumar Sharma

Duration: 10 day

Day/Date	Treatment	Price	Comments/Instructions from Doctor
7/10/22	Abhyang / Patrapindpotli Swed / Shirodhara / Nasya	5100	Abhyang – Pind. oil (200ml) – 30 min
8/10/22	Abhyang / PPS / Shirodhara / Nasya	5100	Patrapindpotli Swed – Shastrolee – 30 min
9/10/22	Abhyang / PPS / Shirodhara / Nasya	5100.	Matra Basti – Sahachrand – 20ml
10/10/22	Abhyang / PPS / Shirodhara / Nasya	5100	Shashtishali pind Swed – Shastrolee – 30 min
11/10/22	Shashtishali pind Swed + Matra Basti	2400	Shirodhara – Ksheerbala oil – 30 min
12/10/22	Shashtishali pind Swed + Matra Basti	2400	Nasya – Anu tail – 20 min
13/10/22	Shashtishali pind Swed + Matra Basti	2400	
14/10/22	Shashtishali pind Swed + Matra Basti	2400	
15/10/22	Shashtishali pind Swed + Matra Basti	2400	
16/10/22	Shashtishali pind Swed + Matra Basti	2400	
		34,800/-	

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Please Note: This treatment timetable is a guideline and is subject to change on your response to the treatment or any instructions from the doctor

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OBSERVATION CHART FOR VASTI

Name of Patient: Devender Kumar Sharma. | Patient ID: KRM00142-5

Diagnosis: Arthritis | IP No. ~~KRP1556~~ Day Care

Observation during and after Vasti	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date- 11/10/22 Time- 11:9am	Date- 12/10/22 Time- 11:15am	Date- 13/10/22 Time- 11:00am	Date- 14/10/22 Time- 1 Pm	Date- 15/10/22 Time- 12:30pm	Date- 16/10/22 Time- 1: pm	Date- Time-
Therapist	Manmohan	Manmohan	Manmohan	Manmohan	Manmohan	Manmohan	
Therapy Room	1.	1.	1	1	1	1	
Type of Vasti	MB	MB	MB	MB	MB	MB	
Could be administered (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes.	
Holding time (Sec. / Min. / Hrs.)	6 hr.	6 hr.	5 hr.	5 hr	5 hr	6 hr.	
Total No. of Vega's	2	2	1	1	2	1	
Content: Fecal matter / Medicine / Phlegam Blood / Mixed	fecal matter + med.	fecal matter + med	fecal matter + med	fecal matter + med	fecal matter + med.	fecal matter + med.	
Colour - White / Yellow / Red / Black / Green	Yellow	yellow	yellow	yellow	yellow	yellow	
Complications : Headache / Anal Pain / Giddyness / Bloating / Stomachache etc.	(Gas)	Headache	(Gas)	(Gas)	(Gas)	Bloating	
Feeling of patient Tired / Lightness / Heavyness / Headache	Lightness	Headache	Lightness	Lightness	Lightness	Headache	
Sign of Attending Physician with date and time	4:30pm	4:30pm	4:30pm	5:30pm	5:30pm	5:30pm	

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PANCHKARMA CONSENT (पंचकर्म सहमति)

UHID No. KRM001425 OPD No. KA01556 Bed No./Room No. 1 Date 7/10/22

Patient Name (रोगी का नाम) Devender Kumar Sharma Age(उम्र) 55 Sex(लिंग) M

Name of W/O, D/O, S/O (पिता/पति का नाम) Alok Sharma

Address & Phone No. (पता एवं फोन नं.) Rishad Garden, Delhi / 9250281879

DOA (भर्ती की तिथि) 7/10/22 TOA (भर्ती का समय) 9:00 am

Treatment Abhyag / IBS / Shashtikshali pindsved / MB / Shirodhara / Nasya

Treatment Benefits (उपचार के लाभ) Improvement in stiffness, giddiness

Risk (जोखिम) might feel pain in Shoulder

Alternative (विकल्प) Immediate stopped the treatment inform the doctor

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

हमें हमारी थैरेपी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है |
जैसे :-

- [ ] Fever (बुखार आना)
- [ ] Tenderness in abdomen (पेट में भारीपन)
- [x] Backache (कमर में दर्द)
- [ ] Increase pain (दर्द में वृद्धि)
- [ ] Decrease B.P (बी.पी कम होना)
- [x] Tingling sensation (झनझनाहट)
- [ ] Tenderness (अकड़न)
- [x] Numbness (सुन्नपन)
- [ ] Vomiting (उल्टी)
- [ ] Loose motion (दस्त)

After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform. 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 in the procedure clearly. I have been explained about the details of Procedure, in case of any emergency and further referral to any higher center, the required expenses in that case will be paid by me. I had read about the clauses clearly and giving my concern for the procedure mention about

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है | मैं स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी के बारे में पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: ज़िम्मेदारी मेरी स्वयं की होगी | मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णत: बता दिया है। जिसमें आने वाले उपद्रवो 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 में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वहन करना होगा। मैं अस्पताल के सारे नियम व कानून पढ़ चुका/चुकी हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

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- Doctor's Signature (डॉक्टर के हस्ताक्षर) .....
- Patient's Signature (रोगी के हस्ताक्षर) .....

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Benefits and Risk of Procedure (Panchkarma)

1. Nasya :- Boost and cleansing nervous system , sinus

   Risk - No side effect, might feel irritation , in nose and throat

2. Vaman :- Induce to eliminate cough that cause excess mucous increase digestion metabolism

   Risk: - B.P Fall, faint ,bloody vomitus

3. Basti :- Pradhan Karma ,it is used to treat vata rog

   Risk :- Severe bloating, obstruction, fainting

4. Vireehan :- effective especially in case of eliminating pitta

   Risk :- Low B.P , Faint , dehyderation

5. Abhyangam :- Relives pain, calms nerves, promote better sleep etc.

   Risk:- No side effect , might feel slight increase in body temperature

6. Patrapind potli Swed :- Relief from stambhan, sheeta , gaurva etc

   Risk :- Mightfeel rashes , itching on body.

7. Matra Basti :- best for vatvyadhi , vatashamak, rasayan,

   Risk:- Might feel loose stool , urges for stool ,

8. Shasti shalipind swed :- Improve Muscle strength, provide immunity rejuvenates, nutritious

   Risk : - Might feel chills shivering

9. Vrishya Basti :- Dhatu poshan , rejuvenates

   Risk :- No Risk yet , Might feel heaviness in body

10. Pidichnil : Rejuvenates and strengthen the body , remove fatigue , reduce body pain
    Risk:- Might feel increase in body temperature, chill etc

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11. Shirodhara :- Reduces fatigue , soothing brain cell, mental relief , good for hair

Risk :- No side effect

- Precaution oil does not enter in eyes or ears . during process.

12. Swedan :- Nadi- (Local area)- Relief pain ,stiffness bring softness improve circulation

Sarwang = Relief pain ,stiffness bring softness improve circulation

Risk -: Nadi - Burn at that particular area

Sarwang - Increase . B.P, Too Much sweating, ghabrahat

Allergic
if symptoms occur, immediately
stopped the treatment
and informed to doctor

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Patient Name: Devender Kumar Sharma

Age: 55 Sex M

UHID No: KRM00/1425.

उपचार परिवर्तन सहमति पत्र

मैं Devender Kumar Sharma मेरे चिकित्सकीय परामर्श के दौरान मुझे अपनी चिकित्सा की अवधि और सम्मिलित पंचकर्मा चिकित्सा कर्म के बारे में अवगत कराया गया है। तथा मुझे बताया गया है कि चिकित्सा क्रम में मेरे शरीर की प्रतिक्रिया के अनुसार कुछ परिवर्तन किये जा सकते है जिससे चिकित्सा की पूर्ण रकम में भी कुछ परिवर्तन हो सकता है।

मैं सहमति पत्र पर लिखी हर बात से सहमत हु जिसे मैं हस्ताक्षर से सत्यापित करता हु

Treatment Change Consent Form

I Devender Kumar Sharma state that I have been explained about the treatment duration, tentative treatment planner, and the required changes in the same (considering my response to treatment) during my consultation. I am well aware that with the slight changes in the treatments, the bills can also vary. I fully comprehend what is written in this consent form and thus put my signature below.

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रोगी के हस्ताक्षर
Signature of Patient

गवाह हस्ताक्षर
Signature of Witness

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PROCEDURE CARE PLAN

UHID No. KRM0001425 OPD No. KAOPIS56 Bed No./Room No. 1 Date 7/10/22

Patient's Name (रोगी का नाम) Devender Kumar Sharma

Father's/Husband's Name (पिता/पति का नाम) Ashok Sharma

Date (दिनांक) 7/10/22 Age (उम्र) 55 Sex (लिंग) M

Procedure Perform (प्रक्रिया) Panchkarma

Provisional Diagnosis (रोग निश्चय) Kaupvata (Neuropathy)

Final Diagnosis (रोग विनिश्चय) Kaupvata

Doctor Name (चिकित्सक नाम) Dr. Monika

Therapist Name (सहायक नाम) Manmohan

Details of Therapy :

- Abhyang — Pind oil (200ml) — 30min
- Patrapind poti Swed — Dhanholet — 30min
- Shashtishali pind Swed — Dhanholet — 30min
- Matra Basti — Sahacharadi oil (80ml)
- Shirodhara — Kshirbaladi oil (2l) — 30min
- Nasya — Anutail — 30min

Doctor's Name (चिकित्सक नाम) Dr. Monika

Date (दिनांक) 7/10/22

Signature (हस्ताक्षर)

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PATIENT CARE PLAN

Patient Name: Devender Kumar Sharma
Patient ID: KRM00 1425
Provisional Diagnosis: Vat vikar
Diagnosis: Kaphvaata.

Treatment Goals & Objectives: To relieve in Menoss
To Improve in Strength and grip
To improve metabolism

Complications and their management:
PPS
SSPS } → foot sashes → apply aloe gel.

Treatment planned - Treatment planner attached:

Individual progress - Relief matrix and Pain assesment chart attached

Preventive & Promotive aspects:
- pillow diet
- Avoid suppression of urges.
- Do meditations

Curative aspects: As per prescription (Shaman Aushadhis)

Rehabilitative aspects: Post Panchkarma guidelines and Yoga chart attached

Dr. Signature

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PANCHAKARMA PRE-ASSESMENT FORM

DATE: 8/9/2022

Patient Name -:	Devender Kumar Sharma		UHID :	KRM001925		
Address -:	Dilshad Garden, Delhi		Contact No.	9250281879		
			Gender-:	M	Age-:	55
Date of Illness	2 yr back.		Our Ref-:	—		
Consulting Dr. Details :	Dr. Monika		Date Of Initial Assessment :		8/9/2022	
Height :	Weight :	81 kg.	BP :	107/79	Resprate :	99%.
	Blood Sugar :	—	TEMP :	98.2 F		
Hospital is Contact Number :	9877/2050		Vaccination Status :		Vaccinated.	

PANCHAKARMA TREATMENTS

Days of treatment :	10 days.
Condition on admission :	Tremors in hand, walk Imbalance. slurred speech Droping of eyes lashes
Treatment advised :	Abhyang x 4 days Nasya x 4 day. PPS x 4 d. SSPS x 6 d. MSB x 6 day. Shiodhara x 4 day

Yogya-Ayogya for individual therapy

Date :				Dr Sign.
Treatment :	Fit	Not fit		
Abhyang	✓			
PPS	✓			
SSPS	✓			
MB	✓			
Shirodhara	✓			
Nasya	✓			
Additional comments:	- Check vitals Pre and Post after each therapy. - MB - after early morning			

Doctor Signature:

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Patient name — Mr. Devender Kumar Sharma

UHID - KRM001425

Age - 55y/M

PANCHKARMA PROCEDURE NOTE

DATE	THERAPY NOTES + DURATION /STEPS MEDICATION RELATED INSTRUCTION	POST THERAPY NOTE FOR SAMYAK / ASAMYAK SYMPTOMS	THERAPIST SIGNATURE
7/10/22	Abhyang + PPS + Shirodhara + Nasya (30min) (30min) (30min) (30min)	vitals Stable, Pt. oriented B.P - 110/70 mmHg	
8/10/22	Abhyang + PPS + Shirodhara + Nasya (30min) (30min) (30min) (30min)	No fresh complaints, Pt. relieved. B.P - 114/82 mmHg	
9/10/22	Abhyang + PPS + Shirodhara + Nasya (30min) (30min) (30min) (30min)	vitals Stable, Pt. oriented B.P - 110/70 mmHg	
10/10/22	Abhyang + PPS + Shirodhara + Nasya (30min) (30min) (30min) (30min)	well oriented B.P - 122/74 mmHg	
11/10/22	ASPS + Matra Basti (30min) (30min	Patient stable, feel relieved B.P 110/70 mmHg	

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12/10/22	SSPS + MB (30 min)		Pt released, feel strength. B.P - 112/86
13/10/22	SSPS + MB (30 min)		Pt stable, oriented B.P- 114/82 mmHg.
14/10/22	SSPS + MB (30 min)		Pt stable, oriented, gait + B.P- 120/80 mmHg.
15/10/22	SSPS + MB (30 min)		Pt stable, oriented, B.P- 120/80 mmHg
16/10/22	SSPS + MB (30 min)		Stable, oriented B.P- 112/68 mmHg.

Doctor Signature

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PAIN SCORING CHART

UHID No.: KRM001425 IPD No: DayCare OPD No.: KAOP/556

Name. Devender Kumar Sharma Age: 55 Sex : M

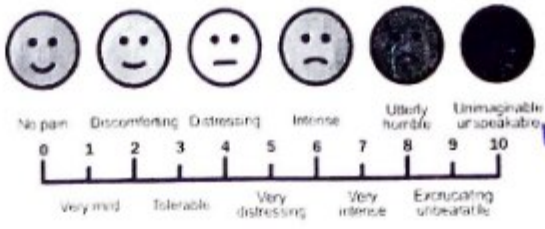
Consultant: Dr. Monika Date of admission : 7/10/2022

BEFORE TREATMENT

S. NO.	TIME	DATE	CHECKED BY	PAIN SCORING

AFTER TREATMENT

S. NO.	TIME	DATE	CHECKED BY	PAIN SCORING



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VITALS CHART

Patient Name... Derender Kr. Sharma. Patient ID:... KRM.00.1425

Age:.55..... Sex:..M..... Diagnosis:.....Kaphvata.....

.....

Date	Time	BP	PR	B. Sugar	Sp02	Temp.	Pain	Therapist Sign.
7/10/22	9 AM	110/80	86/mt	Normal	Normal	Normal	–	Singh
	2 PM	110/70	82/mt	124mg/dl	99%	98°F	–	Singh
	4 PM	120/70	86/mt	124mg/dl	99%	98°F	–	Singh
8/10/22	10 AM	122/74	74/mt	140mg/dl	99%	98°F	–	Singh
	1 PM	110/72	72/mt	143mg/dl	99%	98°F	–	Singh
	3 PM	114/82	80/mt	133mg/dl	99%	98°F	–	Singh
9/10/22	9 AM	110/70	84/mt	128mg/dl	99%	98°F	–	Singh
	1 PM	116/68	88/mt	140mg/dl	99%	98°F	–	Singh
	3 PM	110/70	78/mt	142mg/dl	99%	98°F	–	Singh
10/10/22	10 AM	120/82	86/mt	130mg/dl	99%	98°F	–	Singh
	12:30 PM	110/70	74/mt	126/mg/dl	99%	98°F	–	Singh
	3:50 PM	122/74	86/mt	132/mg/dl	99%	98°F	–	Singh
11/10/22	9 AM	116/84	82/mt	116/mg/dl	99%	98°F	–	Singh
	1 PM	110/70	80/mt	136/mg/dl	99%	98°F	–	Singh
	3 PM	122/84	82/mt	140/mg/dl	99%	98°F	–	Singh
12/10/22	10 AM	110/70	74/mt	130/mg/dl	99%	98°F	–	Singh
	2 PM	110/74	78/mt	144/mg/dl	99%	98°F	–	Singh
	4 PM	112/86	74/mt	140/mg/dl	99%	98°F	–	Singh

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VITALS CHART

Patient Name: Devender Kumar Sharma Patient ID: KRM001425

Age: 55 Sex: M Diagnosis: Knee pain

Date	Time	BP	PR	B. Sugar	Sp02	Temp.	Pain	Therapist Sign.
13/10/22	9 AM	116/82	86/mt	110mg/dl	99%	98°F	–	Singh
	1 PM	110/70	76/mt	134mg/dl	99%	98°F	–	Singh
	3 PM	114/82	80/mt	140mg/dl	99%	98°F	–	Singh
14/10/22	10 AM	120/80	76/mt	118mg/dl	99%	98°F	–	Singh
	1 PM	122/74	82/mt	138mg/dl	99%	98°F	–	Singh
	3 PM	120/80	82/mt	130mg/dl	99%	98°F	–	Singh
15/10/22	10 AM	110/70	74/mt	112mg/dl	99%	98°F	–	Singh
	1 PM	112/78	68/mt	124mg/dl	99%	98°F	–	Singh
	3 PM	120/80	82/mt	138mg/dl	99%	98°F	–	Singh
16/10/22	10 AM	120/72	82/mt	130mg/dl	99%	98°F	–	Singh
	1 PM	120/70	74/mt	122mg/dl	99%	98°F	–	Singh
	3 PM	112/68	68/mt	136mg/dl	99%	98°F	–	Singh

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DAILY VITAL PAIN SCORING & DAILY FEEDBACK FORM

Patient Name : Devender Kr. Sharma Gender : M DOA : 7/10/22 UHID No.: KRM001425

DATE	TIME	TEM.	B.P	PULSE	SP.O2	PAIN	THERAPY	PATIENT FEEDBACK	PATIENT SIGN.	DOCTOR SIGN.
7/10/22	3pm	98°F	130/65	78/mt	99%	Nil	Abhyanga / Patrapind potali swed Shirodhara / Nasya	Good	[signature]	[signature]
8/10/22	3pm	98°F	125/60	79/mt	98%	Nil	Same as above	Great	[signature]	[signature]
9/10/22	3pm	98°F	125/60	78/mt	99%	Nil	Same as above	Nice job	[signature]	[signature]
10/10/22	3pm	98°F	130/70	80/mt	99%	Nil	Same as above	Great	[signature]	[signature]
11/10/22	3pm	98°F	135/70	80/mt	99%	Nil	Shashtikpind swed + MB	Good	[signature]	[signature]
12/10/22	3pm	98°F	130/70	78/mt	99%	Nil	Same as above	Good	[signature]	[signature]
13/10/22	3pm	98°F	130/70	80/mt	99%	Nil	Same as above	Good	[signature]	[signature]
14/10/22	3pm	98°F	130/70	80/mt	98%	Nil	Same as above	Nice	[signature]	[signature]

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MEDICATION HISTORY AND MEDICATION ADMINISTRATION MONITORING FORM

PATIENT NAME:	Mr. Devender Kumar Sharma	AGE:	55y/m	TYPE OF PT.- OPD/IPD/DAY CARE	✓
UHID:	KRM001425	ADDRESS:	Dilshad garden	GENDER	Male
				ROOM NO.	1

WHAT MEDICATIONS BEING USED - (CHECK WITH PRESCRIPTION) - FROM WHEN BEING USED

- Tab Syndopa 1tab - TDS x 2yrs.
-

ANY NON PRESCRIBED PATIENT USING WITH DOSE AND FREQUENCY -

CURRENTLY USING NO

PREVIOUSLY USED NO

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IMPACT OF MEDICINES:	
NO IMPROVEMENT	—
SLIGHT IMPROVEMENT	slight improvement ☆ med. only.
ALLERGIC	—

NURSING STAFF SIGNATURE:

MEDICATION NAME	DOSE	ROUTE	FREQUENCY	B/F - A/F	NURSE SIGN.
Tab Syndopa	1 tab	oral	TDS	A/f	
Kaunch beej Powder	1 tsp	oral	B.D	A/f	
Tab G-60	1 tab	oral	B.D	A/f	
Brahmi vati	1 tab	oral	B.D	A/f	
Triphala yog	1/2 tsp	oral	OD – H.S	A/f.	

NURSING STAFF SIGNATURE

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PROGRESS NOTES

UHID No: KRM001425 OPD No: KAOP1556 IPD No: Day Case BED NO./ROOM No. 1

PH No. 9971987778

Devender Kumar Sharma

DATE: 7/10/22

TIME: 9:00 am

B.P. : 110/80

Pulse : 86/mt

Temp. : 98°F

Pain :

C/o tremors in hand
slurred speech
Dropping of eyes
Walk imbalance
} 2y

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Adv. Panchkarma

- Abhyang Pind oil (200ml) — 30min
- Pattapind potli swed — Shashtikshali — 30min
- Shashtikshali pind swed — Shashtikshali — 30min
- Matra Basti — Sahachradi oil — 20ml
- Shirodhara — Ksheerbala oil (2l) — 30min
- Nasya — Anu tail — 30min

DATE:

TIME:

B.P. :

Pulse :

Temp. :

Pain :

Rx

- Kaunch beej powder
  1 tsp — 1 tsp — BD × A/F c water
- G - 60
  0 — 0 × BD × A/F c water
- Brahmi vati
  0 — 0 × BD × A/F c water
- Triphala ...
  1/2 tsp — c water

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PROGRESS NOTES

UHID No: KRM001425 OPD No: KAOP 1556 IPD No: Day Care BED NO./ROOM No. 1

PH No. 9971987778

DATE: 8/10/22.
TIME: 03:00 pm
B.P.: 114/82
Pulse: 80/mt
Temp.: 98°F
Pain :

- Pt is stable, oriented, vitals stable, no fresh complaint
Continue the treatment (as per timetable)

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9/10/22.
3:00 pm
BP- 110/70
Pulse- 78/mt
Temp- 98°F

Pt feel improvement in sleep, feel energetic
- Continue the treatment (as per timetable)

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10/10/22
3:50 pm
BP- 122/74
Pulse- 82/mt
Temp- 98°F

Pt oriented, stable
Continue the treatment (as per timetable)

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PROGRESS NOTES

UHID No: KRM001425 OPD No: KAOP1556 IPD No: Day Care BED NO./ROOM No. 1

PH No. 9971987778

DATE: 11/10/22
TIME: 3.00 PM
B.P.: 116/84
Pulse: 82/mt
Temp.: 98°F
Pain:

Pt oriented, Stable, no fresh complaint feel energetic, stiffness reduce.

Continue the treatment (as per time table)

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DATE: 12/10/22
TIME: 2.00 PM
B.P.: 110/74
Pulse: 78/mt
Temp.: 98°F
Pain:

Pt Stable, vitals (n)
(no) fresh complaint
grip improve

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DATE: 13/10/22
TIME: 3:00 PM
B.P.: 110/80
Pulse: 78/mt
Temp.: 98°F

- No fresh complaint
- Continue the treatment as advised

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PROGRESS NOTES

UHID No: KRM001425 OPD No: KAOP1556 IPD No: Day Care BED NO./ROOM No. 1

PH No. 9971987778

DATE: 14/10/22
TIME: 3:00 pm
B.P.: 110/80
Pulse: 82/mt
Temp.: 98°F
Pain:

Pt Stable, no fresh complaint. Advised.

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15/10/22 -
3:00 pm

BP- 120/80
Pulse - 82/mt
Temp - 98°F

Pt Stable, no fresh complaint, Advised.
improvement in Power, grip improve.
Plan for discharge tomorrow

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16/10/22 -
3:00 pm

BP- 112/68
Pulse- 86/mt
Temp - 98°F

- Pt Stable,
- Denies (+—)
- Strength improve
- grip improve
- Continue the med. as advised
  discharge pt

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DISCHARGE SUMMARY/अस्पताल से छुट्टी की पर्ची

Patient Name/रोगी का नाम: Devender Kumar Sharma	Patient UHID No./रोगी कर्माक: KRM001425
Age / Sex/आयु / लिंग: 55/M	Patient IP No./आन्तरिक रोगी कर्माक: Day Care
Address/पता: Dilshad Garden/ Delhi	DOA / Time/भर्ती की तिथि: 7/10/2022, 9:00 am
	DOD / Time/छुट्टी की तारीख: 16/10/2022, 4:00 pm.
	Duration: 10 days.

Complaints on Admission:

Symptoms/लक्षण	Intensity /तीव्रता	Duration/अवधि
Tremors in hand/ Slurred speech Dripping of eye lashes. with Imbalance	+++ +++ ++ ++	} 2y.

General Examination/सामान्य परीक्षा:

B.P.	110/80 mmHg
Appetite	Reduced.
Bowel	Constipation (Stool not hard.)
Sleep	Reduced. 5-6 hr.
Micturition	(N)

Investigation done as on ...../...../..... / जाँच रिपोर्ट

No done.

Diagnosis/रोग निदान:

Kampavata

Treatment/इलाज

1. Medicine at admission:

- Kaunch beej Powder 1tsp BD ē water x B/f
- G-60 1tab BD ē water x B/f
- Brahmi tab 1 tab B.D ē water x B/f
- Triphala yog 1/2 tsp -B.D ē water x B/f x 2 months

2. Treatments / Procedures done:

Date	Morning Treatment	Evening Treatment
7/10/22	Abhyang + PPS + Shirodhara + Navya.	
8/10/22	Abhyang + PPS + Shirodhara + Navya.	
9/10/22	Abhyang + PPS + Shirodhara + Navya	
10/10/22	Abhyang + PPS + Shirodhara + Navya	
11/10/22	SSPS + MB	
12/10/22	SSPS + MB	
13/10/22	SSPS + MB	
14/10/22	SSPS + MB	
15/10/22	SSPS + MB	

Note (टिप्पणी):

16/10/22 SSPS + MB.

Condition on Discharge (छुट्टी पर रोगी की स्थिति):

Symptoms	Intensity	Improvement (%)
Tremors in hand.	++	30%
Slurred Speech.	++	30%
walk imbalance.	++	10%

Discharge Medicines(ओषधि):

- Kaunch beej Powder 1/2 tsp B.D ē water x B/f
- G-60 1 tab B.D ē water x B/f
- Brahmi Vati. 1 tab B.D ē water x B/f
- Triphala Yog 1/2 tsp -BD ē water x B/f x 2 months

Discharge Instructions: Follow the dietary guidelines as explained and practise Yoga & meditation everyday.

When to obtain urgent care:

→ when pt. feel loose stool (5-6 times/day)
→ hallucinations
→ tendency to fall (frequent)

How to obtain urgent care - in case of any emergency contact 8587926451

if any above symptoms occur, call on 8587926451

For appointment contact 9870555949

for appointment Call - 9870555949.

Sign & Stamp of Consulting Physician

Date : 16/10/22 4:00 pm

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