

डा० नरुला फैमिली हेल्थ केयर सेन्टर Dr Narula's Family Health Care Centre

FAMILY PHYSICIAN

Dr. Rajeev Narula
BAMS, MD (Acu.)
Consulting Physician

डा० राजीव नरुला
परामर्श चिकित्सक



Clinic : N-26/A-3, Dilshad Garden, Delhi-110095

Phone : 9540 203 303, 8802 303 303

Timing : 10.30 a.m. to 2.30 p.m.
6.30 p.m. to 9.00 p.m.

क्लीनिक : एन-26/ए-3, दिलशाद गार्डन, दिल्ली-110095

फोन : 9540 203 303, 8802 303 303

मिलने का समय : प्रातः 10.30 बजे से दोपहर 2.30 बजे तक
सायं 6.30 बजे से रात्रि 9.00 तक

Name :

W/o, D/o, S/o:

Chief Complaint

History

Family

Menstrual

Diagnosis

अष्टविध परीक्षा

Nadi स्पर्श

Mootra मूत्र

Mal मल

Jivha जिह्वा

Shabd शब्द

Sparsh स्पर्श

Drishti दृष्टि

Akriti आकृति

दश विध परीक्षा

1. Prakruti प्रकृति

2. Vikruti विकृति

3. Sar सार

4. Sahana सहन

5. Pramana प्रमाण

6. Satmaya सत्तमय

7. Satva सत्व

8. Aahar Shakti आहार शक्ति

9. Vyayama व्यायाम

10. Vaya Pareeksha वय परीक्षा

B.P. रक्तचाप

Wt. वजन

Height लम्बाई

Sun Keshav Narula

14/8/2023

4
2
3
4
5

Keshav Narula
Shree Narula
Keshav Narula
Shree Narula
Shree Narula

Shree Narula
Shree Narula
Shree Narula

Dr. Narula's Family Health Care Centre
A Panch Karma Clinic
N-26/A-3, Dilshad Garden, Delhi-110095

Dr Narula's Family Healthcare Center

(A Panchkarma Clinic)

N-26/A-3 Dilshad Garden, Delhi-110095

ADMISSION & DISCHARGED RECORD (Day Care)

UHID NPH1680 OPD 4373 Room No. 1 Date 14/8/21

Name Of Patient (रोगी का नाम) Shri. Kailash Nanula.

Name Of Father/Husband (पिता/पति का नाम) Mr. M.L. Nanula.

Date Of Admission (भर्ती की तिथि) 14/8/21 Time of Admission (भर्ती का समय) Age (उम्र) 76 Sex (लिंग) F

Assistant Doctor (सहायक उपचारक)

Doctor Incharge (संचालक उपचारक) Dr. Rajeev Nanula.

Date Of Discharge (छुट्टी की तिथि) 20/8/21 Time Of Discharge (छुट्टी का समय) 3pm

Operation (If Any)

Procedure (प्रक्रिया) Kati Kusti, Shirodhara.

Diagnosis (रोग निश्चय) Kati Shool, 27/27

Address & Phone No. (पता एवं फोन नं.) Radhey Shyam Park Extension
9267930751, 9217077537

Result	Cured/Relived	Left Against Medical Advice	Investigation Only	Discharge Request	Expired
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Payment :- CASH ☒ TPA Name/No. Govt. Insurance.

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Dr Narula's Family Healthcare Center (A Panchkarma Clinic) 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 डॉ नरुला'स फैमिली हेल्थ केयर सेंटर क्लिनिक मे दिवसीय उपचार के लिए भर्ती हो रहा/रही 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/रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णतः सही है।

Dated (दिनांक) 14/8/21

Witness (प्रत्यक्षी) Husband

Signature (हस्ताक्षर) Kailash

Relationship of Patient (रोगी से सम्बंध) wife

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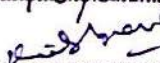
Terms & Conditions

1. I have opted on my own for admission into this clinic and will pay the bills as clinic 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 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 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 ।
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 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 । अतः क्लिनिक किसी भी नुकसान या बकाया के लिए ज़िम्मेदार 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).....14/8/21.....

Signature (हस्ताक्षर)..........

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

Witness(प्रत्यक्षी)..........


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Panchkarma Consent

UHID: NFH11620 OPD: 4373 Room No: 1 Date: 14/8/21
 Patient's Name (रोगी का नाम) Shri. Kailash Narula
 Father's/ Husband's Name (पिता/पति का नाम) Mr. M.L. Narula
 Date (दिनांक) 14/8/21 Age (उम्र) 76 yrs Sex (लिंग) F
 Address & Phone No (पता एवं फोन नं.) Radhya Shyam Park, Extension; 9267930251
 Treatment Benefits (उपचार के लाभ)
 Risk (जोखिम)
 Alternative (विकल्प)

हमें हमारी थेरेपी के बारे में पूर्णतः बता दिया गया है एवं थेरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।
 जैसे :-

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

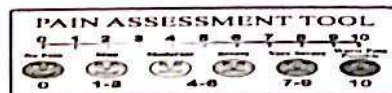
आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थेरेपी

के बारे में पूर्णतः ज्ञात होने के पश्चात उन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयं की होगी।

- > थेरेपिस्ट का नाम थेरेपिस्ट हस्ताक्षर
- > डाक्टर का नाम डाक्टर हस्ताक्षर
- > रोगी के हस्ताक्षर प्रत्याक्षी दिनांक

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
- > Therapist's Name Chinamma Bijio Therapist Signature
- > Doctor's name Dr. Rajeev Narula Doctor Signature
- > Patient's Signature K. Narula Witness Date 14/8/21

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UHID. NFH.1680... IPD. 221... Bed No. 1... Date 14/2/21...

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	☒ Calm stead stable
Memory	☒ Short-term best	☐ Good general memory	☐ Long-term best
Thoughts	☐ Constantly churning	☒ 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	☐ While 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, 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 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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PROCEDURE

UHID NF.H.1680 OPD 4373 Room No. 1 Date 14/8/21
I Kaileshi Namula W/o, S/o, D/o Mr. M. I. Namula
R/o Radhey Shyam Park Extension ; 9267930751
Date of Admission 14/8/21 Age 76 yrs Sex F
Has been clearly explained about the Procedure Katibusti, Shirodhara
By Dr Rajeev Namula

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.....पिता/पति का नाम.....पता
..... (दिनांक) उम्र लिंग

डॉने 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) Kaileshi Namula

Signature (हस्ताक्षर) Kaileshi Namula

Date (दिनांक) 14/8/21

Place (स्थान) Radhey Shyam Park

Witness (प्रत्यक्षी) Husband

Doctor's Name (चिकित्सक नाम) Dr. Rajeev Namula

Signature (हस्ताक्षर) Dr. Rajeev Namula

Date (दिनांक) 14/8/21

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PROCEDURE

UHID..NFH.1680 OPD 4373 Room No. 1 Date 14/8/21

Patient's Name (रोगी का नाम) Kailashi Namula.

Father's/Husband's Name (पिता/पति का नाम) Mr. M.L. Namula.

Date (दिनांक) 14/8/21 Age (उम्र) 76 yrs. Sex (लिंग) F.

Procedure Perform (प्रक्रिया) Kativasti, Shirodhara.

Provisional Diagnosis (रोग निश्चय) 7

Final Diagnosis (रोग विनिश्चय)

Doctor Name (चिकित्सक नाम) Dr. Rajeev Namula.

Therapist Name (सहायक नाम) Chinamma Bijo.

Details of Therapy :

- Kati Basti - 7 days
Solechundi oil - 3 to 4 gm
- Shirodhara - 182 gm
with Bala oil - 4 gm

Doctor's Name (चिकित्सक नाम) Dr. Rajeev Namula.

Date (दिनांक) 14/8/21

Signature (हस्ताक्षर)

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UHID..NFH1680 OPD..4373 Room No.....1 Date..14/8/21

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) ...Mr. Keilashi Namla Age (उम्र) ...76 Sex (लिंग) ...F

W/o, S/o, D/o (पिता/पति) ...Mr. M. L. Namla

Address (पता) ...Rodhey Shyam Park, Extension

Date of Admission (भर्ती की तारीख) ...14/8/21 Date of Discharge (छुटी की तारीख) ...23/8/21

Time of Admission (भर्ती का समय) ...12 noon Time of Discharge (छुटी का समय) ...

Chief Consultant (मुख्य चिकित्सक) ...Dr. Rajeev Namla

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृत्तान्त)

Bent pain off in last 2 week
Sore throat - 2 week

Past Medical History (पुराना चिकित्सा वृत्तान्त)

Diabetes, not well regulated

Family History (कुटुंब वृत्तान्त)

None

Pain Scale - 8/10

VitaParameters

B.P 140/90
P/R 90/min
SUGAR 180 mg/dl
WEIGHT 84 kg
HEIGHT 5'11"

MENSTRUAL HISTORY

Astha Sthana Pariksha

1. NADI Weak
2. MALA None
3. MUTRA Normal
4. JIWAHA Weak
5. SHABDA None
6. SPARSHA None
7. AKRUTI Weak
8. DRIKA Weak

Dash vidha Pariksha

- 1) Prakruti Weak
- 2) Vikruti Weak
- 3) Sara Weak
- 4) Samhana Weak
- 5) Pramana Weak
- 6) Satmya Weak
- 7) Satva Weak
- 8) Agni Weak
- 9) Vaya Weak
- 10) Vyayam Shakti Weak

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INVESTIGATION EXAMINATION (जाँच)

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तान्त)

Kashish / 20/8/21
Shivashan - 20/8/21

DIET ADVISE ON DISCHARGE (आहार निर्देश)

Light & Home for 10 days

Follow up (दोबारा कब आना है) 20/8/21

CONDITION AT THE TIME OF DISCHARGE

Home ☒ Dead ☐ Referred ☐ Lama ☐

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

Phone No. 01122118139, 8802303303

A)

B)

C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

1. Laxative 1500-2000
2. Tincture 1500-2000
3. Ashi. 1500-2000

Dr. Name. Dr. Rajeev Nanda

Sign. [Signature]

Date. 14/8/21

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Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Keilashi Namla Age(आयु) : 76 yrs sex(लिंग) : F
OPD : 4373 UHID No. NFH1680
Address /पता : Radhey Shyam Park, Extension; 7267980751
Phone No./ फोन नं. : 9267930257 Email / ईमेल :
Name of Doctor /डॉक्टर का नाम : Dr. Rajeev Namla

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 ?	<u>Yes</u>	
2.	Explained about diagnosis and treatment ? निदान और उपचार के बारे में समझाया ?	<u>Yes.</u>	
3.	How is work experience of staff ? कर्मचारियों का कार्य अनुभव कैसा है ?	<u>Good</u>	
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 ?	<u>Yes.</u>	
5.	Did staff treat you with dignity and respect ? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	<u>Yes.</u>	
6.	How would you feel during treatment ? इलाज के दौरान आपने कैसा अनुभव किया ?	<u>Good.</u>	
7.	Did you have confidence and trust in the staff ? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	<u>Yes.</u>	
8.	What one thing would you change about the department ? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		<u>No.</u>

Your comments / आपके सुझाव

Date: 14/8/21

Signature (Clinic Authority)

Dr. Narula's Family Health Care Centre
A Panch Karma Clinic
N-26/A-3, Dilshad Garden, Delhi-110095

Signature (Patient/Guardian)

Signature (MD/MS)



DNHC

Dr Narula's Family Healthcare Center

(A Panchkarma Clinic)

N-26/A-3 Dilshad Garden, Delhi-110095

Charges Concern Form

Name (नाम): Kailashi Namula DOA (भर्ती की तारीख): 14/8/21
 Age (उम्र): 76 yrs Sex (लिंग): F UHID: NFH1680 OPD: 4373
 W/O, S/O, D/O (पिता/पति): Mr. M.L. Namula Day Panchkarma: Jan

Consultant Name (चिकित्सक नाम): Dr. Rajeev Namul

Provisional Diagnosis (रोग निश्चय): Kali Bheri, Shw Shw

Final Diagnosis (रोग विनिश्चय): ''

1. Procedure details (प्रक्रिया विवरण): Kali Bheri, Shw Shw

2. Day Charges (डे केयर शुल्क): ''

3. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क): 50/-

4. Nursing Charges (नर्सिंग शुल्क): 350/-

5. Package Charges Procedure wise

A: Kali Bheri - 850 x 7 = 6,650.00

B: Shw Shw 2050 x 4 = 8,200.00

C: /

D: /

E: /

6. Doctor Fees (चिकित्सक शुल्क): 500.00

7. Medicine (approx) costing: 2000.00

8. Consumable (approx) charges: -

9. Accessory (approx) charges: -

10. Diet Charges (आहार शुल्क): -

Total Estimated Package 17,700.00

Patient Signature Kailashi Namula

Receptionist Signature [Signature]
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Daily Medication Schedule

UHID: NFH 1680 OPD 4373

Patient Name: Kailashi Narula Date: 14/8/21

Allergies: .

Consultant: Dr. Rajeev Narula DOA: 14/8/21

PERSONAL MEDICATION RECORD

Name: <u>Narula Kailashi</u>	Pharmacy:	Physician: <u>Dr. Rajeev Narula</u>
Name: <u>.</u>	Pharmacy:	Physician: <u>.</u>
Name: <u>.</u>	Pharmacy:	Physician: <u>.</u>
Name: <u>.</u>	Pharmacy:	Physician: <u>.</u>
Name: <u>.</u>	Pharmacy:	Physician: <u>.</u>

NAME OF DRUG	DOSE	DATE	TIME OF DRUG			
<u>Tirodology Regard</u>	<u>250mg</u> <u>500-250</u>	<u>14.8.2021</u>	<u>10 am</u>			<u>8/2</u>
<u>Leflunomide</u>	<u>25mg</u> <u>25-25</u>	<u>14.8.2021</u>	<u>10 am</u>			<u>8/2</u>
<u>Asli prolate</u>	<u>500</u> <u>250-250</u>	<u>14.8.2021</u>	<u>10 am</u>			<u>8/2</u>
<u>all</u>	<u>same</u>	<u>20.8.2021</u>	<u>10 am</u>			<u>8/2</u>

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Phone No. PH No.22118139, 8802303303

VITAL CHART

Patient Name : Kaibashi Narula Gender : F DoA : 14/8/21 UHID No. : NPH1680

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
14/8/21 at 12 noon	84kg	96°F	140/90	86/mnt	16/mnt	8/10.	<u>Cur</u>
at 2pm	84kg	96.4°F	130/80	88/mnt	16/mnt	8/10.	<u>Cur</u>
15/8/21 at 12n.	84kg	97°F	130/70	88/mnt	16/mnt	7/10	<u>Cur</u>
at 2pm	84kg	96.7°F	130/80	86/mnt	17/mnt	7/10	<u>Cur</u>
16/8/21 at 12n.	84kg	97.2°F	120/70	86/mnt	16/mnt	8/10	<u>Cur</u>
at 2pm	84kg.	96.4°F	110/80	88/mnt	16/mnt	6/10	<u>Cur</u>
17/8/21 at 12n.	84kg.	95.8°F	130/80	86/mnt	17/mnt	5/10	<u>Cur</u>
at 2pm	84kg	96°F	120/90	88/mnt	18/mnt	5/10	<u>Cur</u>
18/8/21 at 12n.	84kg	97°F	110/80	88mnt	16/mnt	4/10	<u>Cur</u>
at 2pm.	84kg.	98.4°F	120/90	88mnt	16/mnt	4/10	<u>Cur</u>
19/8/21 at 12n.	84kg.	96°F	110/80	86mnt	17/mnt	4/10	<u>Cur</u>
at 2pm	84kg.	95.6°F	120/90	88mnt	17/mnt	4/10.	<u>Cur</u>
20/8/21 at 12n.	84kg.	96.2°F	110/80	86mnt	18/mnt	4/10	<u>Cur</u>
at 2pm.	84kg.	96°F	120/90.	88mnt	18/mnt	4/10.	<u>Cur</u>

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DR NARULA'S FAMILY HEALTHCARE

(A Panchkarma Clinic)

N-26/A-3 Dilshad Garden, Delhi-110095

Initial Assessment Form

DATE: 14/8/21

UHID: NFH 1680

OPD: 4373

PATIENT NAME: Shri. Kailash Narula F/Name: M.L. Narula REG. NO: 1680

PATIENT HISTORY:

ADDRESS (Province-District):		PHONE No:	
PATIENT AGE:		F	M
1. Civil Status	Single	Married	Diagnosis: Number of children 3
2. Job & Occupation	Armed forces	Farmers, fisherman	Non qualified worker
	Office workers	Retired	Unemployed & not active
3. Education level	Can write	Can read	Class: 10th
4. History of the trauma/illness	Date:	Circumstances/Etiology:	
Associated diseases:			
5. Medical History/Treatment	Hospital:	Care:	
Evolution since the beginning	Improved	Worse	Remarks:
Medication	X-ray/Other ex:		

	VATA	PITTA	KAPHA
MENTAL PROFILE			
Mental activity	☐ Quick mind restless	☐ Sharp intellect aggressive	☒ Claim 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 hoard)	☐ Save regularly
			☐ Accumulates wealth

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Friendship ☐	Tends towards short term friendship makes friends ☐	Tends to be a longer friends related to occupation ☐	Tends to ☐
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8. Medical and Social Support

Ant old disease Live DM, HTN Etc.	Yes	No	Comments:
History of Surgery	Yes	No	Comments: Thyroidectomy
History of	Good	Bad	Comments:

9. Main patient's concerns:

10. Main patient's expectations:

Current Treatment: 1st 2nd 3rd >

Remarks:

Date: 14/8/21

Diet:

	Breakfast	Lunch	Dinner	Night
14.8.21	दही + चने	रोटी + चने + सब्जी	दही + चने	
15.8.21	दही + चने + सब्जी	रोटी + चने + सब्जी	दही + चने	1 cup milk
16.8.21	दही + चने + सब्जी	रोटी + चने + सब्जी	दही + चने	
17.8.21	दही + चने + सब्जी	रोटी + चने + सब्जी	दही + चने	1 cup milk

Date:

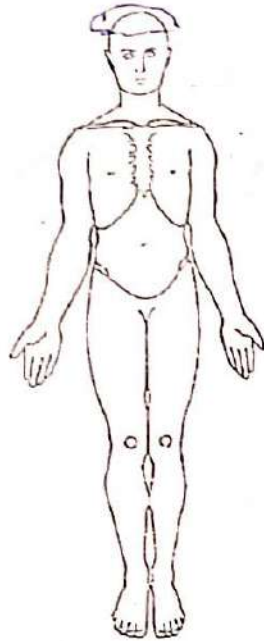
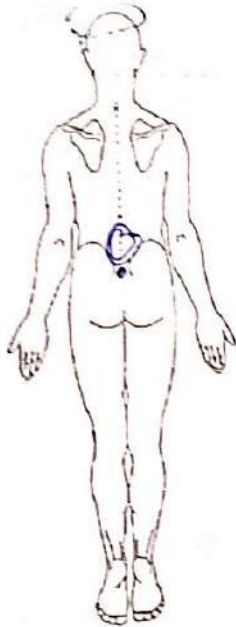
Diet:

	Breakfast	Lunch	Dinner	Night
18.8.21	दही + चने	रोटी + चने + सब्जी	दही + चने	1 cup milk
19.8.21	दही + चने + सब्जी	रोटी + चने + सब्जी	दही + चने	
20.8.21	दही + चने + सब्जी	रोटी + चने + सब्जी	दही + चने	1 cup milk

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Physical Examination:

Mark on the body-chart deformities or joint anomalies, back deformities or anomalies, edema, shoulder subluxation etc.



Remarks:

P) Low severe back pain in lower back
with mild stiffness

Skin & Soft tissues problem

DISORDERS	Minor	Important
Swelling	3	
Callus	3	
Scar	3	
Wound	3	
Temperature	3	
Infection	3	
Pain	3	
Abnormal Sensation	3	

Sensation

Sensitivity	R	L	(Specification)
Superficial	3		
Deep			
Numbness			
Paresthesia			
Other			

SLR Test
REFAXYED

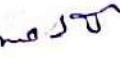
R M82
L 002

Details Discription of Disease

	Comments
Onset	15-20m Before
Additional Disease	HT, Diabetes
Allergy	
Pass Treatment	

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GRITHPAN ANALYSIS

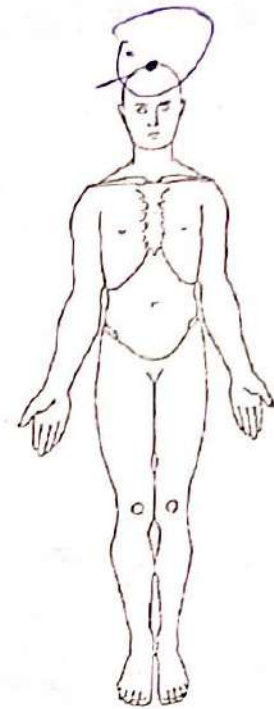
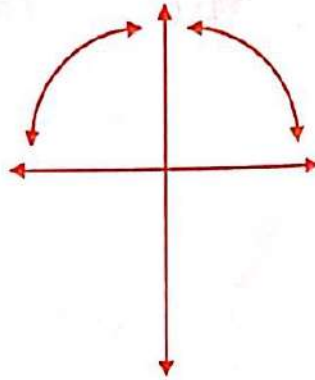
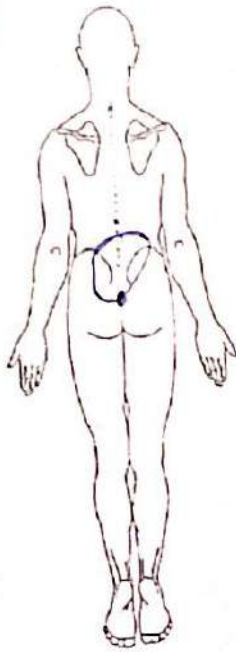
- Weight : 84 Kg.
- Daily Ghrit intake : 
- Lipid Profile : Triglyceride 
- Menstrual History : 
- Gravida : 
- Menopause : 
- Period Days : 
- Pain During Period 
- L M P 
- EDD 

Primary Infection 

Secondary Infection 

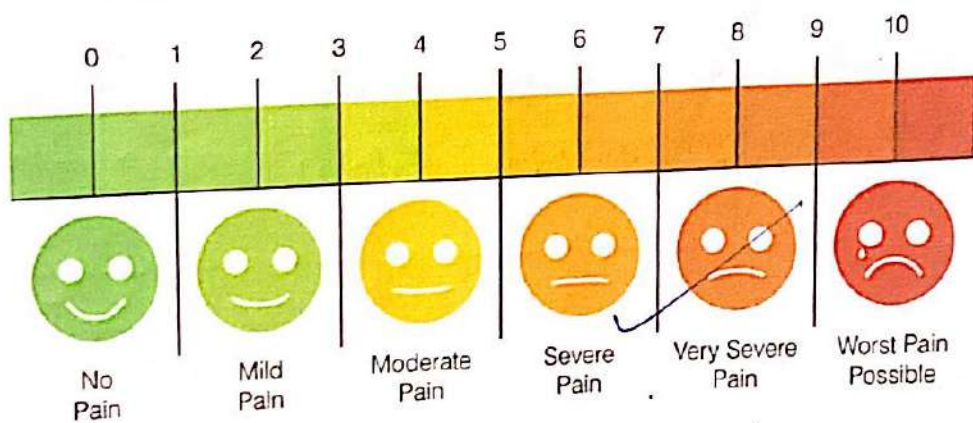

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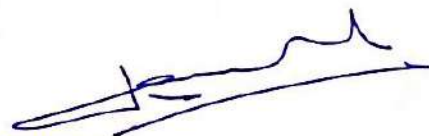
Body chart of pain/symptoms distribution:



Pain Score

PAIN SCALE




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General Examination Assesement

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श	14/8/21	20/8/21	26/8/21		
2.	शब्द	"	"	"		
3.	Face (Akruti)	"	"	"		
4.	Eye (Dirka)	"	"	"		
5.	Jiwha	"	"	"		
6.	Urine	"	"	"		
7.	Kastho (Stool)	"	"	"		
8.	Nadi (वात, पित्त, कफ)	"	"	26.8.2021		

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti	14/8/21	20/8/21	26/8/21		
2.	Vikruti	"	"	"		
3.	Sara	"	"	"		
4.	Samhana	"	"	"		
5.	Pramana	"	"	"		
6.	Satmyaō	"	"	"		
7.	Satva	"	"	"		
8.	Aahar Shakti	"	"	"		
9.	Vaya	"	"	"		
10.	Vyayani Shakti	"	"	26.8.2021		

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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:	none		

GAIT ANALYSIS				
Functional Quality of the gait	Normal	Good	Poor	Comments:
1. SAFETY	✓			
2. CADENCE	✓			
3. SPEED			✓	which means not safe risk for accident
4. FATIGUE	✓			

Next Follow Plan
perform one week

Next Follow Date
26.8.2025

Till Next Follow Diet Care :-
sample some food for

Till Next Follow Fife Style Change
as advised

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PANCHKARMA TREATMENT PLAN

POORVA KARMA

Days Medicine	Two Chikitsukeshi Nakti Anuvasan Nakti	25.8.2021 25.8.2021
Risk, Benefits	nil	
Next follow up advice	24.8.2021	
Next follow up date	26.8.2021	

PRADHA KARMA

Days Medicine	Trachanthi Ghrit Lekhani Ghrit Pradha Karma	25.8.2021 25.8.2021 25.8.2021
Risk, Benefits	हस्त, कक्ष, कर्ण, मस्तिष्क, शिरः	
Next follow up advice	Daily	
Next follow up date	26.8.2021	

PASCHAT KARMA

Days Medicine	Prati Ghrit Nakti Lekhani Ghrit	25.8.2021 25.8.2021
Risk, Benefits	nil	
Next follow up advice	26.8.2021	
Next follow up date		


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Dr Narula's Family Healthcare center

(A Panchkarma Clinic)

(N-26/A-3 Dilshad Garden, Delhi-110095)

PH No.011-22110130, 8802303303



UHID...NFH 1680... IPD...4373... Bed No..... Date...14.8.2024

PROGRESS NOTES

14.8.2024

1. Kati shankh
2. Cows - 1000
3. Cows - 1000
Tumbur shankh

15.8.2024

1. B.P. - 140/80
2. 1/2 1/2 1/2
3. 1/2 1/2 1/2

16.8.2024

1. B.P. - 120/80
2. 1/2 1/2 1/2
3. 1/2 1/2 1/2

17.8.2024

1. B.P. - 120/80
2. 1/2 1/2 1/2
3. 1/2 1/2 1/2

18.8.2024

1. B.P. - 120/80
2. 1/2 1/2 1/2
3. 1/2 1/2 1/2

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