Shuddhi AYURVEDA

JEENA SIKHO LIFECARE LTD

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony,
New Delhi - 110025

CGHS EMPANELLED PANCHKARMA CENTER

8005633391

NC 02 / AAC 4B: HCO is implementing diet format as unique Pathya Aahar however, initial assessment for nutritional status and re assessment is not evidenced uniformly in the sampled MRD.

Assessor Mam Cycle 01 Reply: The uploading document is not providing any evidence to clear the NC. The patient file is same as NC 1 document

- The protocol for patient's initial assessment for nutritional status and re assessment is following now as per patient diet format. A detailed nutritional assessment shall be done wherever necessary. Attached file is for your kind reference

27/8/2022

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

Shuddhi AYURVEDA JEENA SIKHO LIFECARE LTD

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony, Delhi - 110025

9313666680, 8882268573

Dr. Monika Singh

(BAMS) Ayurvedacharya

UHID No. : JS138

Age: 26 Sex: F

Date: 26/7/2022

Time: 10:00 Am

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

PANCHKARMA
- Detoxification
- Rejuvenation
- Shirodhara, Shiro Basti
  Shiro Pichu
- Kati Basti, Prishta 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: Riddhi Vij

W/o, D/o, S/o: Bharat Bhushan

Chief Complaint c/o whole Body Pain & Stiffness

History - B/L knee Joint Pain
- Restlessness. x 1 year

Menstrual History

Diagnosis: Osteo Arthritis (संधिवात)

अष्टविध परीक्षा

स्पर्श मृदु

शब्द स्पष्ट

Face (आकृति) स्वाभाविक

Eye (दृष्टि) स्वाभाविक

Jiwha (जिव्हा) निरामय

Urine (मूत्र) स्वाभाविक

Stool (मल) स्वाभाविक

Nadi (नाड़ी) वात, पित्तज

(Dash Vidha)

1. Prakruti - वातज
2. Vikruti - पित्तज
3. Sara - मध्यम
4. Samhana - मध्यम
5. Pramana - मध्यम
6. Satmya मध्यम
7. Satva मध्यम
8. Aahar Shakti, मध्यम
9. Vaya युवा
10. Vyayam Shakti मध्यम

Rx.
- Abhyangan & Mahanarayan oil
- PPS
- Jaanu Vasti & Shadbindu oil X 14 Days
- Divya Arogya Vati - 1 BD (with luke warm water)
- Vaat dosh hara ras - 1 BD with lukewarm water x 1 month

Vitals: 130/80 mmHg

B.P.: 62.5 kg

Weight: 160 cm

Height: 110 mmHg.

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New Delhi-110025

NEXT CONSULTATION DATE: Next after 7 Days.

Doctor Signature & Stamp

Shuddhi

SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of JeenaSikho Lifecare Pvt.Ltd)

14 UPPER GROUND FLOOR NEW FRIENDS COLONY BHARAT NAGAR NEW DELHI - 110025

Nutritional Assessment Form

I. Identifying Information

Full Name: Riddhi Vij Date: 26/07/22

UHID No: JS135 Age: 62 Sex: Female

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

Referring Clinician: _____

Reason(s) for visit: Consultation

II. Medical History (please give full details)

- Diabetes YES/NO ✓ HBA1c.....since.....Medication
- HTN YES/NO ✓ Last recorded value .....since.....medication
- CAD YES/NO ✓ STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO ✓ REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE..Menopause...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,bleedingetc)

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

If yes, what medication and what dosage No

Jeena Sikho Lifecare Pvt. Ltd.

Monisha 26/7/22 3:00pm

Please explain about

- Appetite : good
- Food habits : Regular — [Breakfast ⇒ उपमा, उत्तपम, सूजी, चिल्ला, Oats, पोहा
  Lunch - Roti + Sabji + fruits [Sabji - Lauki, turai, tinda, dlacul]
  Dinner - Roti + Sabji + Salael
- Daily working hours : 7-8 hour
- Exercise : 1 hour
- Job profile : Housewife.
- Height : 160 cm
- Weight : 62.5 kg.

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

पथ्य - हल्का सुपाचित भोजन

Ex. खिचडी, उपमा, सूजी, चिल्ला
ज्वार रोटी, धीया, तुरई, दिंडा
ज्यूस नारियल पानी, फ्रूट्स

अपथ्य - राजमा, छोले, पनीर, रबडी फ्रूट्स, पुलाव, पराठा

विहार - ज्यादा समय पालथी मारकर ना बैठना
बाहर हवा में न घूमना, ज्यादा Excercise नहीं करना

Doctor Signature

Patient Signature

Shuddhi

SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of JeenaSikho Lifecare Pvt.Ltd)

14 UPPER GROUND FLOOR NEW FRIENDS COLONY BHARAT NAGAR NEW DELHI - 110025

Nutritional Assessment Form

[Re - Assessment Form]

I. Identifying Information

Full Name: Riddhi Vij Date: 25/08/22

UHID No: JS138 Age: 62 Sex: Female

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

Referring Clinician: _____

Reason(s) for visit: Consultation

II. Medical History (please give full details)

- Diabetes YES/NO ✓ HBA1c.....since.....Medication
- HTN YES/NO ✓ Last recorded value .....since.....medication
- CAD YES/NO ✓ STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO ✓ REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE.Irregular...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,bleedingetc)

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

If yes, what medication and what dosage No

Received 25/8/22 Signature

Please explain about

- Appetite : good
- Food habits : — Breakfast - हल्का सुपाच्य भोजन (oats, दलिया, खिचड़ी) ; Lunch - Roti + Sabji + Salad ; Dinner - Roti + Sabji + Salad + Rice.
- Daily working hours: 7-8 hour
- Exercise : 1 hour
- Job profile : Housewife.
- Height : 160 cm.
- Weight : 62.7 kg.

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 ______

NOTE After 15 days

patient got pain Relief due to Pathya Ahar - Vihar. Patient is fairly healthy & gravity sand is stopped due to therapy or Pathya Ahar - Vihar.

Doctor Signature	Patient Signature
Jeena Sikho Lifecare Ltd. [illegible] New Delhi-110025 — Monika 26/7/24	[illegible signature]

Shuddhi

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony, Delhi - 110025

Dr. Aditi Yadav
(BAMS) Ayurvedacharya

UHID - JS138
DATE - 26/07/2022
TIME - 10:00 AM

(9313666680

ORTHOCARE
- Joint Pain
- Cervical Pain
- Low Back Ache

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

GASTOCARE
- Acidity
- Constipation
- Liver Treatment

FACILITY
- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: - Riddhi Vij (62 F)
W/o, D/o, S/o: - Bharat Bhusan.
Chief Complain
History
Menstrual History
Diagnosis:

c/o. • Whole body pain & Stiffness.
• B/L knee joint pain.
• Restlessness. x 1 yr.

1 OsteoArthritis (संधिवात)

अष्टविध परिक्षा
स्पर्श सम
शब्द सम
Face (आकृति) स्निग्ध
Eye (दृष्टि) स्निग्ध
Jiwha (जिह्वा) निराम
Urine (मूत्र) निराम
Stool (मल) निराम
Nadi (वात, पित, कफ) वात पित्त
(Dash Vidha)

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

Vitals:
B.P.: 130/80 mmof Hg
Weight.: 62.5 kg
Height: 160 Cm
RBS.: 11 mg/dl.

Rx.
• Abhyangam ē Mahyam oil PPS
Jaam Basti ē Sahacharadi oil x 14 days
• Divya Arogya Vati 1 BD (with Luke warm water)
• Vaat har Ras Vati 1 BD (with Luke Warm water) x 1 month

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NEXT CONSULATION DATE: After 7 days.

PATIENT CARE PLAN

1. Alternative - In case of Risk Suddenly Stopped Humira. and Start Medicine Immidiatly

2. Benefits - pain Reduced

3. Risk - Increase pain during Humira

4. Outcome - Patient Feeling good health.

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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 : Branch : NFC Delhi

DATE	B.P	SUGAR	WEIGHT	REMARKS
26/07/22	130/80 mmHg 115	11 mg/dl	62.5 kg.	first time visit

Name Riddhi VIJ C/o / D/o / F/o Bharat Bhusan.

Age 62 Weight 62.5 kg Height 160 Cm DOB _____ Sex: M ☐ F ☑

Occupation House wife Religion Hindu Blood Group _____ DOM _____

Address BB-8-H DDA flat Munirka. New Delhi

City Delhi State Delhi Pin Code 110067

Telephone 8076312409 E-mail ID _____

CONFIDENTIAL INFORMATION

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

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

DIET ☐ Veg ☐ Non-Veg ☑ Mixed

ADDICTION/HABIT ☐ Tea ☑ Coffee ☐ Smoking ☒ Alcohol ☒ Tobacco Other no.

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़ें थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी कैमीकल वाली गोलियां अभी खा रहें हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जांचे 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 शुरूआत हुई थी?

No H/o DM / HTN.

P/H – App
– Bowel
– Urine
– Sleep. ✓ (N)

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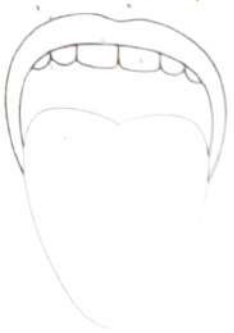
New Delhi-110025

Date 26/07/22.

Patient Signature

Tongue (जिह्वा)



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date						
	26/07/2022	Clear				

Naadi (नाड़ी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑↑					
Pitta	Ok.					
Kapha	Ok					

धरण/कौड़ी: ☐ Yes ☑ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
1. Whole body pain & Stiffness.	1yr				
• B/L Knee joint pain					
• Lastlessness					

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New Delhi-110025

FAMILY HISTORY : Complaints -	Father	Mother	Sister	Brother	Grand Parents	Father Side चाचा ताऊ बुआ	Mother Side मामा मासी
	NO	—			—	—	—

Surgery/Procedure History No Surgery

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोलियां चल रही है और कौन कौन सी
No Past History.			

GYNAE HISTORY

L M P _____ Days _____

FLOW ☐ Scanty ☐ Normal ☐ Excessive Other _____

Clots- _____ Pain - ☐ Nil ☐ Mild ☐ Moderate ☐ Severe

WHITE DISCHARGE -

Odour - ☐ No smell ☐ Foul smell ☐ Fishy smell

Consistency - ☐ Curdy white ☐ Sticky ☐ Watery

Colour - ☐ Yellow ☐ White ☐ Grey ☐ Green

Itching / Burning - ☐ Yes ☐ No

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New Delhi-110025

OBS HISTORY

	Age	Weight	Mode of delivery
Marriage Time			
Before Pregnancy			
After 1st Delivery			☐ Normal ☐ C-Section ☐ Complication
After 2nd Delivery			☐ Normal ☐ C-Section ☐ Complication

Other Detail : _____

Menopause.

Abortion History _____

SYSTEMIC EXAMINATION

BOWELS

Frequency / Vega ☐ /Day ☐ **Day gap**

Consistency

- ☐ Hard
- ☑ Soft
- ☐ Loose
- ☐ Well Formed
- ☐ Mucus mix

Associated with

- ☐ Urgency
- ☐ Strain
- ☐ Pain
- ☐ Bleeding
- ☐ Burning Sensation

Evacuation

- ☑ Complete
- ☐ Incomplete
- ☐ Incontinence

Colour _____

Other _____

Taking Laxatives

- ☐ Yes ☑ NO
- ☐ Allopathic
- ☐ Any Other

APPETITE AND DIGESTION

Do you feel hungry ☑ Yes ☐ No

Do you feel tightness before the next meal ☐ Yes ☑ No

Do you feel drowsiness after meal ☐ Yes ☑ No

GAS / गैस

- ☐ Bloating
- ☐ Passing with ease
- ☐ Passing with difficulty
- ☐ Burps/डकार

Intensity

- ☐ Mild
- ☐ Moderate
- ☐ Severe

Any med. for gas

- ☐ Yes
- ☑ No

Other

ACIDITY / तेजाब

- ☐ Heart burn
- ☐ Reflux
- ☐ Sour belching
- ☐ Bile Brash/खट्टा पानी

- ☐ After food
- ☐ Before food
- ☐ Always

Intensity

- ☐ Mild
- ☐ Moderate
- ☐ Severe

Any medicines for gas

- ☐ Yes
- ☑ No

EYES

Pallor	☐ Mild	☐ Moderate	☐ Severe	Vision Ok
Icterus	☐ Mild	☐ Moderate	☐ Severe	Others NAD

URINE

Vega

- ☑ Day
- ☑ Night
- ☐ Normal

Associated with

- ☐ Urgency
- ☐ Strain
- ☐ Pain
- ☐ Frothy
- ☐ Bleeding
- ☐ Burning Sensation

- ☐ Satisfactory
- ☐ Unsatisfactory
- ☐ Incontinence

Colour Ok

Others NAD

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New Delhi-110025

SLEEP

Duration

- ☑ Normal
- ☐ Sound
- ☐ Dreams
- ☐ Disturbed
- ☐ Late onset
- ☐ Disturbed in Middle

Intensity of Disturbance

- ☐ Mild
- ☐ Moderate
- ☐ Severe

- ☐ Yes
- ☐ No

Others NAD

MIND

- ☐ Depression
- ☐ Anxiety
- ☐ Short Tempered
- ☐ Mood Swings
- ☐ Negative Thoughts
- ☐ Restless
- ☐ Stress
- ☐ Avara Sattva
- ☐ Pravar Sattva
- ☑ Madhyam Sattva

Others NAD.

ALLERGIES / REACTIONS

Food: No Medicine: No Other: No

INVESTIGATIONS PROVIDED ☐ Yes ☑ No

DIAGNOSIS Osteoarthritis (संधिवात)

CHIKITSA SUTRA दीपन - पाचन | शमन - शोधन चिकित्सा

SPECIFIC ADVICE Avoid egg & Nonveg products

HEMATOLOGY

Investigation Types	1st Visit	2nd Visit	3rd Visit	4th Visit	5th Visit	6th Visit	7th Visit	8th Visit	9th Visit	10th Visit	11th Visit
–	–										

RADIOLOGY

–	-

Jeena Sikho Lifecare Ltd.
Shop No. 10, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

Pt. Signature. [signature]   **Doctor Signature** [signature]

DATE:- 26/07/2022.

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Rx. • Vaat Lrev Ras Vati 1 1D • Arogya Vati 2B1) 1 month.	

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
		Jeena Sikho Lifecare Ltd. Shop No. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony, New Delhi-110025

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

Signature (हस्ताक्षर).....

Relationship with Patient (रोगी से संबंध).....

DATE	MORNING TO NIGHT DIET FULL DETAILS
25/07/2022	Last Day - Breakfast - tea + toast. Lunch - Roti (2) + Sabji Dinner - Roti (2) + Sabji
26/07/2022	Today- Breakfast - tea + toast
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

Shuddhi

Jeena Sikho Lifecare Ltd

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony,
Opp. Bank Of Baroda, South East Delhi, Delhi - 110025
+919313666680

UHID JS138 OPD 132 Room No 02 Date 26/07/2022

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Riddhi Vij

Name Of Father/Husband(पिता/पति का नाम) Bharat Bhusan

Date Of Treatment(उपचार की तिथि) 26/07/2022 Time of Treatment(उपचार का समय) 10:00Am Age(उम्र) 62 Sex(लिंग) F

Assistant Doctor (सहायक उपचारक) Dr

Doctor Incharge(संचालक उपचारक) Dr. Monica Singh

Treatment end Date(उपचार समाप्ति तिथि) 10/08/22 Time End Of Treatment (उपचार का समय समाप्त) 11:00Am

Operation (If Any)

Procedure(प्रक्रिया) Abhyangam, PKS, Jaanu Basti

Diagnosis(रोग निश्चय) OsteoArthritis (घुटनों)

Address & Phone No.(पता एवं फोन नं.) BB-8-H DDA Flat Munirka. New Delhi (8076312409)

Result	Cured/Relived	Investigation Only	Expired
	Relived		

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 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 पूर्णत: सही है ।

Jeena Sikho Lifecare Ltd
Shop No. 14, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

Dated (दिनांक) 26/07/2022 Attendent (प्रत्यक्षी)

Signature (हस्ताक्षर) Monica Relationship with Patient (रोगी के साथ सम्बंध) friend

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 /करुँगी |
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 है 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 | अत: 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)..... 26/07/2022

Signature (हस्ताक्षर)..... Monica

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

Witness(प्रत्यक्षी)..... Sunil

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Panchkarma Consent

UHID JS138 OPD 132 Room No 02 Date 26/07/2022

Patient's Name (रोगी का नाम) Riddhi Vij

Father's/ Husband's Name (पिता/पति का नाम) Bharat Bhushan

Date (दिनांक) 26/07/2022 Age (उम्र) 62 Sex (लिंग) Female

Address & Phone no. (पता एवं फोन नं.) BB-8-11 DDA Flat Munirka

Treatment Benefits (उपचार के लाभ) Pain Relief

Risk (जोखिम) May cause burn Allergic to treated oil

Alternative (विकल्प) Medicine Steroid therapy

हमे हमारी थैरेपी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे मे भी बता दिया गया है |

जैसे :- घुटनों में सूजन	X	झनझनाहट	✓
पैरों में दर्द	X	अकड़न	✓
पेट मे भारीपन	X	सुन्नपन	✓
कमर में दर्द	X	उल्टी	X
दर्द में वृद्धि	X	दस्त	X
बुखार आना	X	बी.पी कम होना	X

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है | मैं स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी Abhyangam, PBS, Taam Bath के बारे मे पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: ज़िम्मेदारी मेरी स्वयं की होगी |

- थैरेपिस्ट का नाम Sita थैरेपिस्ट हस्ताक्षर Sita
- डाक्टर का नाम Dr. Monica रोगी के हस्ताक्षर Riddhi
- प्रत्याक्षी Sharma दिनांक 26/07/2022

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

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

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- After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform Abhyangam, PBS, Taam Bath
- Therapist's Name: Sita Therapist's Signature Sita
- Doctor's Name Dr. Monica Sharma Patient's Signature Riddhi
- Witness Sharma Date 26/07/2022

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UHID JS138 OPD 132 Room No 02 Date 26/07/2022

PROCEDURE

I Riddhi VIJ W/o, S/o, D/o Bharat bhushan.

R/O BB-8-H DDA flats Munirka

Date of Admission 26/07/2022 Age 62 Sex Female

Has been clearly explained about the Procedure Abhyarpan, PPS, Jaam Basti

By Dr. Dr. Monica Giri

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 concent for the procedure mention about.

मैं Riddhi VIJ पिता/पति का नाम Bharat Bhushan पता BB-8-H DDA flats Munirka (दिनांक) 26/07/2022 उम्र 62 लिंग Female.

डॉ .....ने 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 एवं क्लीनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लीनिक के सारे नियम व कानून पढ चुका/चुकी हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

Patient's Name (रोगी का नाम) Riddhi VIJ

Signature (हस्ताक्षर) Riddhi

Date (दिनांक) 26/07/2022.

Place (स्थान) NFC, Delhi

Witness (प्रत्यक्षी) Sam

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26/7/22

Doctor's Name (चिकित्सक नाम) Dr. Monica

Signature (हस्ताक्षर) Monica

Date (दिनांक) 26/07/2022

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UHID JS138 OPD L32 Room No 01 Date 26/07/2022

PROCEDURE

Patient's Name(रोगी का नाम) Lidalki VIJ

Father's/Husband's Name (पिता/पति का नाम) Bharat bhushan

Date (दिनांक) 26/07/2022 Age (उम्र) 62 Sex (लिंग) Female

Procedure Perform (प्रक्रिया) Abhyangam, PPS, Jaam Basti

Provisional Diagnosis (रोग निश्चय) Osteo Arthritis (सांधिवात)

Final Diagnosis (रोग विनिश्चय) Osteo Arthritis (सांधिवात)

Doctor Name (चिकित्सक नाम)

Therapist Name(सहायक नाम) Lita

Details of Therapy :

Adv

- Abhyangam ē Mahayan oil
- PPS
- Jaam Basti ē Sandhudachi oil

×14 days

Monica 20/7/2022 4.00pm

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New D

Doctor's Name (चिकित्सक नाम) Dr. Monica Singh

Date (दिनांक) 26/07/2022

Signature (हस्ताक्षर) Monica

Shuddhi

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UHID JS138 OPD 132 Room No. 02 Date 10/08/2022

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Riddhi Vij Age (उम्र) 62 Sex (लिंग) Female.

W/o, S/o, D/o(पिता|पति) Bharat Bhushan

Address (पता) BB-8-H DDA flats Munirka.

Treatment Start Date (उपचार प्रारंभ दिनांक) 26/07/22 End Date of Treatment (उपचार की अंतिम तिथि) 10/08/2022

Treatment Start Time (उपचार प्रारंभ समय) 10:00 Am Treatment End Time (उपचार समाप्ति समय) 11:00 Am

Chief Consultant (मुख्य चिकित्सक) Dr. Monica Singh

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त)
c/o - B/L knee joint pain. whole body pain - & stiffness.

Past Medical History (पुराना चिकित्सा वृतान्त)
No

Family History (कुटुंब वृतान्त)
No

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Monica 10/8/2022 10:00 Am

Pain Scale – 7/10

VitaParameters

B.P 126/80 mm of Hg.
P/R 90
SUGAR 11 mg/dl
WEIGHT 62.7 kg.
HEIGHT 160 cm

MENSTRUAL HISTORY
Menopause

Astha Sthana Pariksha

1. NADI Vaatay
2. MALA Niram
3. MUTRA Niram
4. JIWHA Niram.
5. SHABDA Mridu
6. SPARSHA Mridu.
7. AKRUTI prakrit
8. DRIKA pralaut

Dash vidha Pariksha

1) Prakruti Vaatay
2) Vikruti Pittay
3) Sara Madhyam
4) Samhana Madhyam
5) Pramana Madhyam
6) Satmya Madhyam.
7) Satva Madhyam.
8) Agni Madhyam
9) Vaya Madhyam
10) Vyayam Shakti Madhyam.

INVESTIGATION EXAMINATION (जाँच)

N/A ·

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

Δ OsteoArthritis (संधिवात)
Tt - Abhyangam c̄ Mahyanail
PPS
Jaam Bushi c̄ Sendhanak oil } x14 days

DIET ADVISE ON DISCHARGE (आहार निर्देष)

As per diet Chart

Follow up (दोबारा कब आना है) After 7days

CONDITION AT THE TIME OF DISCHARGE

Home ☑ Dead ☐ Referred ☐ Lama ☐

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)
PH No. +91 88822 96573

A) In case of same pain

B)

C)

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10/8/22

2. Medicine After Diseases (औषधि छुट्टी के बाद)

As per Advised to DGEHS dispensary

or·

Rx. · Durga Arogya vati 1 BD.
· Vaat har Ras vati 1 BD
x 1 Month.

Dr. Name. Dr. Monika

Sign. Monika

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Date. 10/8/2022

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Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Riddhi Vij Age(आयु) 62 Sex(लिंग) Female

OPD: 122 UHID No. JS138

Address /पता: BB-8-11 DDA Flats Munirka

Phone No./ फोन न.: 8076312409 Email / ईमेल :

Name of Doctor /डॉक्टर का नाम: Dr. Monica Singh

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 हैं ?	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: 10/08/2022

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Signature (Clinic Authority)

Signature (Patient/Guardian)

Signature (MD/MS)

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Charges Concern Form

Name (नाम): Riddhi VIJ DOA (भर्ती की तारीख): 26/07/2022

Age (उम्र) 62 Sex (लिंग) Female UHID : JS 138 OPD : 132

W/O, S/O, D/O (पिता|पति) : Bharat Bhushan Day Panchkarma: 14 days

Consultant Name (चिकित्सक नाम) : Dr. Monika Singal

Provisional Diagnosis(रोग निश्चय) Osteoarthritis

Final Diagnosis(रोग विनिश्चय) : Osteoarthritis

1. Procedure details (प्रक्रिया विवरण): Abhyangam, PPS, Jaam Basti
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) 1501-
3. Nursing Charges (नर्सिंग शुल्क) NO -
4. Package Charges Procedure wise
   - A: Abhyangam - 1145 x 14 days
   - B:
   - C : PPS - 1290 x 14 days
   - D: Jaam Basti - 845 x 14 days
   - E:
5. Doctor Fees (चिकित्सक शुल्क) 150/-
6. Medicine (approx) costing : NO
7. Consumable (approx) charges : NO
8. Accessory (approx) charges : NO
9. Diet Charges (आहार शुल्क) : NO

Total Estimated Package Rs. 450901-

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Receptionist Signature

Patient Signature

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VITAL CHART

Patient Name : Riddhi Vij Gender Female DoA : 26/07/22 UHID No. : JS138

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
26/07/2022	62.5	98.6°F	120/80	85	16	7/10	Sita.
27/07/2022	62.6	98.2°F	120/76	75	18	7/10	Sita.
28/07/2022	62.7	95.5°F	110/70	70	20	6/10	Sita
29/07/2022	62.8	95.6°F	112/76	80	19	6/10	Sita.
30/07/2022	62.7	98.7°F	122/82	90	18	6/10	Sita
01/08/2022	62.8	96.7°F	126/76	82	16	5/10	Sita.
02/08/2022	62.6	97.2°F	130/90	86	17	5/10	Sita.
03/08/2022	62.5	98.2°F	128/78	72	18	5/10	Sita.
04/08/2022	62.2	96.8°F	130/80	76	20	4/10	Sita
05/08/2022	62.	95.7°F	110/70	75	19	4/10	Sita.
06/08/2022	62.8	96.2°F	120/80	89	16	4/10	Sita.
08/08/2022	62.6	98.2°F	130/80	90	18	3/10	Sita
09/08/2022	62.8	98.2°F	126/70	85	17	3/10	Sita
10/08/2022	62.7	96.2°F	128/80	86	16	2/10	Sita.

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Received 26/7/2022 4.00pm

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Covid-19 Mandatory Self Declaration Form

Name : Riddhi VIJ **Date :** 26/07/2022

Address : BB-8-H DDA Flats Munirka

Age : 68 **Contact Number :** 8076312409 **Gender :M/F** Female

OPD : 132 **IPD** NIL **UHID :** J.S.138

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 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.
  No
- Kindly share your status of Arogya Setu app? Red/Orange/Green.
  green

Monica 26/7/2022 4:00pm

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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 form 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.

Shuddhi

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Daily Feedback Form

Name: Riddhi M.T. Age: 62 Gender: Female Date: 26/07/2022

PRESENTING COMPLAIN (चिकित्सा शुरुआत की तकनीक)

- B/L knee joint pain.
- Whole body pain & stiffness.
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PATHYA/APATHYA As per diet chart.

S.NO	DATE	TIME	TREATMENT	COMPLAIN	RECTIFICATION	Improve	Not Improve	Pt.SIGN.
1.	26/07/2022	10:00 AM	Abhyangam, PPS, Taam Bath	No	–	Yes	–	
2.	27/07/2022	"	"	"	–	"	–	
3.	28/07/2022	"	"	"	–	"	–	
4.	29/07/2022	"	"	"	–	"	–	
5.	30/07/2022	"	"	"	–	"	–	
6.	01/08/2022	"	"	"	–	"	–	
7.	02/08/2022	"	"	"	–	"	–	
8.	03/08/22	"	"	"		"	–	
9.	04/08/22	"	"	"	–	"	–	
10.	05/08/22	"	"	"	–	"	–	
11.	06/08/22	"	"	"	–	"	–	
12.	08/08/22	"	"	"	–	"	–	
12.	09/08/22	"	"	"	–	"	–	
14.	10/08/22	"	"	"	–	"	–	

Monia 26/7/2024 4:00

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
Bharat Nagar, New Friends Colony,
New Delhi-110025

Shuddhi

Jeena Sikho Lifecare Ltd

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony,

Opp. Bank Of Baroda, South East Delhi, Delhi - 110025

UHID: JS138 OPD: 132 Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

10:00 Am
26/07/22

B.P.: 120/80
P/R: 85
Temp.: 98.6°F
Pain: 7/10

C/S/B -

C/o - B/L knee Joint pain
Whole body pain & Stiffness.

TE - Abhyangam c̄ Mahyam oil
PPS
Janu Basti c̄ Sadhwachi oil

Adv take proper Rest & diet

10:00 Am
27/07/22

B.P.: 120/76
P/R: 75
Temp.: 98.2°F
Pain: 7/10

C/S/B -

C/o - No fresh Complain Added.

TE - CST

Adv take proper Rest & diet

27/7/22
10:00Am

Jeena Sikho Lifecare Ltd.
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UHID: JS138 OPD: 132 Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

10:00 AM
29/07/2022

B.P. : 110/70
P/R : 70
Temp. : 95.5°F
Pain : 6/10

C/S/B -
C/o - No fresh Complain Added
TE - CST
Adv - take propan Rut & dent

10:00 AM
29/07/2022

B.P. : 112/76
P/R : 80
Temp. : 95.6°F
Pain : 6/10

C/S/B
C/o - No fresh Complain Added
TE - CST
Adv - take propan Rut & dent

Monica 29/7/22 10.00 AM

Jeena Sikho Lifecare Ltd.
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UHID: JS188 OPD: 132 Room No. 102

PH No. +91 9313666680

PROGRESS NOTES

10:00Am
30/07/2022

B.P.: 122/82
P/R: 90
Temp.: 98.7°F
Pain: 6/10

C/S/B -
C/o - No fresh complain added.
TE - CST
Adv - Take proper rest & diet

10:00Am
01/08/2022

B.P.: 126/76
P/R: 82
Temp.: 96.7°F
Pain: 5/10

C/S/B -
C/o - No fresh complain added.
TE - CST
Adv - Take proper rest & diet

Monice 01/8/22 1:00pm

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
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New Delhi-110025

Shuddhi

Jeena Sikho Lifecare Ltd

Shop no. 14, Upper Ground Floor, Bharat Nagar, New Friends Colony,

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UHID: JS128 OPD: 132 Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

10:00Am
02/08/2022

B.P. : 130/90
P/R : 86
Temp. : 97.2F
Pain : 5/10

C/S/B -
C/o - NO junk Complain Advised
TE - CST
Adv - take proper Rest & drink.

10:00Am
03/08/2022

B.P. : 128/78
P/R : 72
Temp. : 98.2F
Pain : 5/10

C/S/B -
C/o - NO junk Complain Advised
TE - CST
Adv - take proper Rest & drink

3/8/22

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
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New Delhi-110025

Shuddhi

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Opp. Bank Of Baroda, South East Delhi, Delhi - 110025

UHID: JS138 OPD: 132 Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

10:00AM
04/08/2022

B.P.: 130/80
P/R: 76
Temp.: 96.8°F
Pain: 4/10

C/S/B.
C/o - No fresh Complain Added
Tt - CST
Adv - take proper Rest & diet.

10:00AM
05/08/2022

B.P.: 110/70
P/R: 75
Temp.: 95.7°F
Pain: 4/10

C/S/B
C/o - No fresh Complain Added
Tt - CST
Adv - take proper Rest & diet

Manjeet 5/8/22 11:10 am

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
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New Delhi-110025

Shuddhi

Jeena Sikho Lifecare Ltd

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UHID: JS138 OPD: 132 Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

10:00Am
06/08/2022

B.P. : 120/80
P/R : 89
Temp. : 96.2°F
Pain : 4/10

C/S/B
C/o - N/V Junk Complain Rabbed.
Tt - CST
Adv - take proper Rest & diet.

10:00Am
08/08/2022

B.P. : 130/80
P/R : 90
Temp. : 98.2°F
Pain : 3/10

C/S/B
C/o. NV Junk Complain Rabbed.
Tt - CST
Adv - take proper Rest & diet

8/8/22 4:00pm

Jeena Sikho Lifecare Ltd.
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New Delhi-110025

Shuddhi

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UHID: JS138 OPD: 132 Room No. 02

PH No. +91 9313666680

PROGRESS NOTES

10:00Am
09/08/2022

B.P. : 126/70
P/R : 85
Temp. : 98.2F
Pain : 3/10

C/S/B

C/O - NO fresh Complain Added

TE - CST

Adv - take proper Rest & diet.

NOTE We are plang for discharge tomorrow bcoz Pt is fine now

10:00Am
10/08/2022

B.P. : 128/80
P/R : 86
Temp. : 96.2F
Pain : 2/10

C/S/B

C/O - NO fresh Complain Added

TE - CST

Adv - take proper Rest & diet.

NOTE Pt is discharged.

10/8/2022 11:00A

Jeena Sikho Lifecare Ltd.
Shop No. 14, Upper Ground Floor,
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New Delhi-110025