SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
(A Unit of Jeena Sikho Lifecare Pvt Ltd)
(BACK SIDE OF JUGRAJ DHABA , OPP SIDE OF HALDIRAM DERA BASSI PUNJAB-140506)

Nutritional Assessment Form

I. Identifying Information

Full Name: Pankaj mudaswal Date : 19/3/21

UHID No : 27327 Age: 30Y Sex : M

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

Referring Clinician: N/A

Reason(s) for visit: Pt is admitted for Panchkarma Treatment

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.....MEDICATION

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

If yes, please specify: - Nothing Significant

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

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

If yes, which ones NO

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

If yes, what NO

Do you have any chronic illnesses? Yes or ~~No~~

If yes, please explain NO

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

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

If yes, what medication and what dosage NO

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Back Side Of Jugraj Dhaba,
Opp. Side Of Haldiram, Dera Bassi
Punjab-140506