DIVYA UPCHAR SANSTHAN

SCO - 86, Sector-44 C, Chandigarh
Near Chaitanya Hospital, +91 90412-90101, 86992-90101

Patient File No. 3290 Doctor Name : Dr Yamini Branch : CHY

DATE	B.P	SUGAR	WEIGHT	REMARKS
9/6/21	122/80 P-77			SPO_2-98 P-77
10/6/21	116/74 P-83		85.2 Kg	SPO_2-98 P-83

Name Ranipreet . C/o / D/o / F/o Waindar Singh.

Age 36 Weight 85.2 Kg Height 5'4. DOB 29-01-1985 Sex: M ☐ F ☑

Occupation Self Employed Religion Sikh Blood Group Don't Remember DOM —

Address #1013 Sec 27 CHY 332 Sec 37 CHY

City CHD State CHY Pin Code 160036

Telephone 8427723377 E-mail ID

CONFIDENTIAL INFORMATION

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

DIET ☐ Veg ☐ Non-Veg ☑ Mixed

ADDICTION/HABIT ☑ Tea ☑ Coffee ☒ Smoking ☒ Alcohol ☒ Tobacco Other

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
- कितनी कैमीकल वाली गोलियां अभी खा रहें हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जाचें 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?

K/C/O T2 DM.

TTN

Thyrodism (-).

Patient had healthy childhood.

↓

Menarch Started at the Age of 14-15 yrs.

↓

Bleeding days were 4-5 days.

↓

Severe pain during Periods.

before marriage.

↓

At the age of 20 yr.

Pt. got Married.

↓

After 1 yr. of marriage.

Pt- had twin baby

↓

From last 7 to 8 yrs.

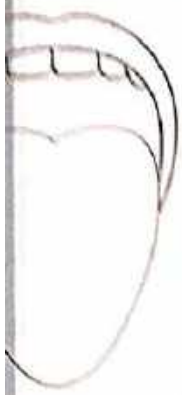
Patient facing problems.

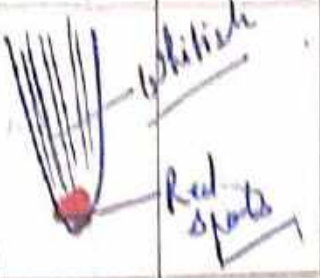
related to cervical Spondylosis

Date 9/6/21.

Patient Signature Rani

ague (जिह्वा)



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

ण/कौड़ी: ☐ Yes ☑ No

IEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
-Pain in cervical region	4 yrs.				
-Radiating to both sides of arms					
- Uric Acid ↑ed					

LY HISTORY :

Complaints -	Father	Mother	Sister	Brother	Grand Parents (both)	Father Side चाचा ताऊ बुआ	Mother Side मामा मासी
	DM	—	—	—	DM.	DM.	—

ery/Procedure History C-section, 2006, 2011.

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indica कितनी गोलियां चल रही है और कौन-स
Cervical spondylosis.			on Ly

GYNAE HISTORY

L.M.P dont remember 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

on / off

OBS HISTORY

	Age	Weight	Mode of delivery
Marriage Time	20yr	47kg	
Before Pregnancy	G3 P3	A1	
After 1st Delivery			☐ Normal ☐ C-Section ☐ Complication
After 2nd Delivery			☐ Normal ☐ C-Section ☐ Complication

Other Detail : _____

Abortion History : _____

SYSTEMIC EXAMINATION

BOWELS

Frequency / Vega 2-3 ☐ /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 Laxative
- ☐ Yes
- ☐ Allopathic
- ☐ Any Other

ETITE AND DIGESTION

ou feel hungry	☑ Yes	☐ No	_____
u feel tightness before the next meal	☐ Yes	☑ No	_____
ou feel drowsiness after meal	☐ Yes	☑ No	_____

/ गैस

	Intensity	*Any med. for gas*	Other
oating	☑ Mild	☐ Yes	_____
assing with ease	☐ Moderate	☐ No	_____
assing with difficulty	☐ Severe		_____
urps/डकार			

DITY / तेजाब

		Intensity	*Any medicines for gas*
eart burn	☐ After food	☑ Mild	☐ Yes
eflux	☐ Before food	☐ Moderate	☐ No
our belching	☐ Always	☐ Severe	
le Brash/खट्टा पानी			

S

	☑ Mild	☐ Moderate	☐ Severe	Vision_____
	☑ Mild	☐ Moderate	☐ Severe	Others_____

IE

	Associated with				
ay	☐ Urgency	☐ Frothy	☑ Satisfactory	Colour_____	
ght	☐ Strain	☐ Bleeding	☐ Unsatisfactory	Others_____	
rmal	☐ Pain	☐ Burning Sensation	☐ Incontinence	_____	

EP

ion

		Intensity of Disturbance		
☑ ormal	☐ Disturbed	☐ Mild	☐ Yes	Others_____
ound	☐ Late onset	☐ Moderate	☐ No	_____
reams	☐ Disturbed in Middle	☐ Severe		_____

D

epression	☐ Negative Thoughts	☐ Avara Sattva	Others_____
nxiety		☐ Pravar Sattva	_____
hort Tempered	☐ Restless	☑ Madhyam Sattva	_____
ood Swings	☐ Stress		

ALLERGIES / REACTIONS

Food — Medicine — Other

INVESTIGATIONS PROVIDED ☑ Yes ☐ No Attached

DIAGNOSIS Acute Cervical St. (strain) c̄ pain radiating to both [illegible] (c̄ [illegible]) Vatti [illegible]

CHIKITSA SUTRA Shaman chikitsa (c̄ Abhyanga [illegible]

SPECIFIC ADVICE Avoid Milk Products.

HEMATOLOGY

attached.

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

RADIOLOGY

Pt. Signature. [signature]

Doctor Signature [signature]

:- 10/6/21

huran / Powder / Kit	Tablets / Capsule	Liquid / Drops
Dr. Shuddhi Package Amal Pitt Har Parsha	Divya Liji Vat Har Ras Vati	Liver Tonic. X 20 days 20% Discount 5950

E:-

huran / Powder / Kit	Tablets / Capsule	Liquid / Drops

E:-

huran / Powder / Kit	Tablets / Capsule	Liquid / Drops

E:-

huran / Powder / Kit	Tablets / Capsule	Liquid / Drops

E:-

huran / Powder / Kit	Tablets / Capsule	Liquid / Drops

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SCO 86, SECTOR 44 C, OPP.SIDE OF CHAITANYA HOSPITAL CHANDIGARH-160047)

Covid-19 Mandatory Self Declaration Form

Name: Bani preet Date : 9-6-21

Address : Chandigarh

Age : 36 Contact Number : 84277 23377 Gender :M/F F

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the Shuddhi Ayurveda Panchkarma (A Unit of Divya Upchar Sansthan) 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 ✓
Diarrhoea	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?

  for consultation

- Have you come in contact with the covid-19 positive patient in last one month?

  No

- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you,please specify.

  No

- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you,please specify.

  No

- Kindly share your status of Aarogya Setu app? Red/Orange/Green.

  Green.

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

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.

Signature

Bani

आहार , विहार For Live Healthy

	DO	Donts
Pathya - पथ्य खाने युक्त आहार	Brown Rice Rosted Rice भुने हुए चावल Wheat (गेहूँ) आटा गेहूँ - 60% चना - 10 % बाजरा - 10% जौ - 20 %	Apathya अपथ्य Frieedand Fatty itens तला हुआ भोजन मेदे से बने आहार
Pulses दाले	Green Gram (मुंग) Masure,Arhar मसूर . अरहर	Black Gram (काला चना) Kulatha (कुलथ)
Fruits Vegetable फल सब्जी	Coconut,Banana,Grapes Karela , Green ,Vegetable नारियल केला अंगूर करेला हरी सब्जियां	Patatos ,आलू Brinjal,Peas (बेगन,मटर) दही भल्ला
Other	Take Milk -Not To Hot Butter Milk With namak and Hing	Spicy मिर्च मसाले युक्त भोजन Tea-चाय Coffee- काफी Alchol- मद्य पदार्थ Cold Regigrate water -ठंडा फ्रिज का पानी गर्मपानी व शहद साथ मे ना लें ।
Life Style व्यवहार	Midexercise (व्यायाम आश्यक करे प्राणायाम) Bathing स्नान रोज करें Massage Your Body मसाज Sunbath(धुप ले) हवन गायत्र महामृतुन्जय मंत्र का उच्चारण विमारी से वचने वाले मंत्रों का Music सुने । ॐ उच्चारण करे ।रात्रि निद्रा पूरी लें । Lie Stren free Life खुली हवा मे जरूर बेठे ।	I. Maintain mental fitness Don't be angery and fearful मानसिक चुस्ती बनाए रखें क्रोधित और भयभीत मत होना वेगधारण ना करें Urin ,Stool ना रोके ज्यादा A.C का इस्तेमाल ना करे ।

Diet Chart

अन्नेन कुक्षेठ्ठवंशौ पानेनैकं प्रपूरयेत्।। ॥ आश्रयं पवनादीनां चतुर्थमवशेषयेत्।।

FOOD RATIO - भोजन खाते समय अन्न का भाग

Solid Foods 1/2 part of the stomach
Liquid Foods 1/4 part of the stomach
Keep Stomach Empty 1/4 part of the stomach

Solid Foods: Whole grains, lentils, fruits, vegetables, seeds, and nuts are solid foods.
सभी प्रकार के अन्न , फल सब्जिया , सूखे मेठे

Liquid foods: Fruit juice, vegetable juice, lemon water, coconut water, coconut milk, water, etc. are liquid foods. फलो का जूस, सब्जियों का जूस , निम्बुपानी नारियल पानी

Daily Diet schedule according to time.

आहार समय से लेना चाहिये ।

Morning (7 AM) - Ginger 5gm boiled in 1 glass of water
सुबह (7 AM) अदरक -5gm 1 गिलास पानी में उबाल ले ।

Breakfast (08:30 AM) - Meal,Conflax,sprouts,(Mung , Chana , Wheet, Moth, vegitable Daliya,chilla,Besan Roti
रोटी कोन्फ़्लेक्स , अंकुरित मूंग चना मोठ ,गेहूँ दलिया ,चिला ,बेसन की रोटी

Lunch (01:30 PM) - Brown Rice , Vegetables,Salad,Dal,(Lassi Kalimircg,Kala Namak ,Hing)
दोपहर का भोजन - चावल , सब्जिया , सलाद , दाल ,(लस्सी काली काला नमक ,हिंग)

Fruit (04 : 00 PM) - Pomegranate , Orange , Grapes.
फल - अनार संतरा अंगूर

Dinner (08 : 30 PM) - Roti , Sabji (Seasonal Vagetables, Daal, Mung, Masur, Urd, Arhar)
रात का खाना - रोटी सब्जी दाल मुंग मसूर उड़द अरहर

(09:30 PM) - Milk ,Haldi, Ghee,(Geera,Sont,Ajwain)
दूध मे हल्दी घी डाल कर ले

Water Processing with drugs At 4 PM

Vat Condition - Dashmool Herbal tea,food rice with ghee
वात दशा - दशमूल हर्बल चाय घी युक्त पदार्थ
Pitta Condition - Water & Dhaniya , Chandan,cold potency food
पित्त की स्थिति - धनिया का पानी चन्दन ठण्डी चीजे
Kapha Condition - Water with dry Dhanyaka,Amla,Alovera Juice,Gomutra
कपा दशा - धनिया युक्त जल , अमला एलोवेरा जूस गौमूत्रा

SHUDDHI AYURVEDA PANCHKARMA CLINIC
(A Unit of Divya Upchar Sansthan)
(SCO 86, SECTOR 44 C, OPP.SIDE OF CHAITANYA HOSPITAL CHANDIGARH-160047)

Nutritional Assessment Form

I. Identifying Information

Full Name: Anchona Sharma Date: 13/3/21

UHID No : 3047 Age: 47/F Sex : female

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

Referring Clinician: _____

Reason(s) for visit: for 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...Normal...MEDICATION

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

If yes, please specify: - No

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

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

If yes, which ones No

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

If yes, what No

Do you have any chronic illnesses? Yes or No

If yes, please explain No

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

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

If yes, what medication and what dosage No

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SCO 86, SECTOR 44 C, OPP.SIDE OF CHAITANYA HOSPITAL CHANDIGARH-160047)

UHID 3296 OPD 3391 Bed No. 3 Date 9-6-21

Rx

ADMISSION & DISCHARGED RECORD (Day Care)

ame Of Patient (रोगी का नाम) Bani Preet

ame Of Father/Husband(पिता/पति का नाम) W/O Waninder

te Of Admission(भर्ती की तिथि) 9-6-21 Time of Admission(भर्ती का समय) 1:00pm Age(उम्र) 36 Sex(लिंग) F

sistant Doctor (सहायक उपचारक) —

ctor Incharge(संचालक उपचारक) Dr. yamini

te Of Discharge (छुट्टी की तिथि) 21-6-21 Time Of Discharge (छुट्टी का समय) 12'30

eration (If Any) NO

ocedure(प्रक्रिया) Abhyangam, sweedan, Urreeva basti, P.P.S Nasyam.

agnosis(रोग निश्चय) Δ T2DM / Acute Cervical S.T.E Pain (Vata Janya Vyadhi) leading both Arms

dress & Phone No.(पता एवं फोन नं.) #1013 Sec 27 (333, Sec 37)

Chandigarh (8427723377)

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

Payment :- CASH ✓ TPA Name/No. _____ GOVT.Insurance. _____

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

n getting admitted on basis at Shuddhi Ayurveda Panchkarma Clinic (A Unit of Divya Upchar Sansthan) at my own and i am dy for the medical system treatment . I am giving my concern after understanding benefit and out come of treatment the ormation given by me are absolutely correct .

अपनी मर्जी से शुद्धि आयुर्वेद पंचकर्म क्लिनिक (आ यूनिट ऑफ़ दिव्य उपचार संस्थान) डे केयर में भर्ती हो रहा/रही हूँ। मैं तैयार हूँ 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 रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णत: सही है।

d (दिनांक) 9-6-21

ature (हस्ताक्षर) Bani

Witness (प्रत्यक्षी) Bani

Relationship of Patient (रोगी से सम्बंध) Self

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Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Upchar Sansthan)
SCO 86, Sector 44 C,
Opp. Side of Chaitanya Hospital
Chandigarh-160047

ms & Conditions

I have opted on my own for admission into this Clinic and will pay the bills as Clinic rules and regulations.

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 .

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.

Patients are advise not be bring any valuable or any jewelry or any other luggage with them Clinic also advised to deposit the surplus cash with the Clinic and get a receipt,The Clinic will not be responsible for any loss or theft .

Suggestions/complaints may be given in writing at the reception.

All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque's are not accepted.

यम व शर्तें

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 |

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 |

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

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 क्लिनिक में जमा करने की भी सलाह दी | क्लिनिक के साथ उनके अधिशेष नगद और एक रसीद प्राप्त करें | अत: क्लिनिक किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा |

रिसेप्शन पर लिखित में सुझाव/शिकायतें दी जा सकती है |

सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि | चैक नहीं लिया जाता है |

ted (दिनांक).....9-6-21.....

nature (हस्ताक्षर).....

ationship of Patient (रोगी से सम्बंध).....Self.....

tness(प्रत्यक्षी).....

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Opp. Side of Chaitanya Hospital
Chandigarh-160047

SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Divya Upchar Sansthan)

(SCO 86, SECTOR 44 C, OPP.SIDE OF CHAITANYA HOSPITAL CHANDIGARH-160047)

Panchkarma Consent

UHID 3290 OPD 3391 Room No 3 Date 9-6-21

t'sName(रोगी का नाम) Banipreet

rs/ Husband's Name (पिता/पति का नाम) w/o Kasinder

(दिनांक) 9-6-21 Age (उम्र) 36 Sex (लिंग) F

ss & Phone No (पता एवं फोन नं.) Chandigarh (9427225322)

tment Benefits (उपचार के लाभ) relief in pain

(जोखिम) Abhyangam - rashes; Swedana - burn etc., Green Basti - Red spot on that area.

native (विकल्प) Abhyangam - P.P.S, Swedana - Nadi Swedana, Green Basti - ...

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

:-

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

दि के बारे में डाक्टर द्वारा अवगत करा दिया गया है | मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थैरेपी ....
बारे मे पूर्णतः ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णतः ज़िम्मेदारी मेरी स्वयं की होगी |

थैरेपिस्ट का नाम Rachna थैरेपिस्ट हस्ताक्षर Rachna

डाक्टर का नाम Dr. Yamini डाक्टर हस्ताक्षर ....

रोगी के हस्ताक्षर Bani प्रत्याक्षी Bani दिनांक 9-6-21

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 .... Therapist Signature ....
- Doctor's name .... Doctor Signature ....
- Patient's Signature .... Witness .... Date ....

Prakurti Chart Form

UHID..3290..... IPD....169..... Bed No....3..... Date....9-6-2021

ndly add mental, behavior, emotional and physical profile subtotals to attain the final total. The dash with the highest total is you
ind body type.

	VATA	PITTA	KAPHA
NTAL PROFILE			
tal activity ☑	Quick mind restless	☐ Sharp intellect aggressive	☐ Claim stead stable
nory ☐	Short-term best	☑ Good general memory	☐ Long –term best
ights ☐	Constantly charging	☑ Fairly steady	☐ Steady stable fixed
centration ☐	Short-learn focus best	☑ Better than average mental concentration	☐ Good ability for long term focus
ty to learn ☑	Quick grasp of learning	☐ Medium to moderate grasp	☐ Slow to learn
ams ☐	Fearful flying running jumping	☑ Angry , fiery ,violent adventurous	☐ Includes water clouds relationship , romance
p ☑	Interrupted light	☐ Sound ,medium	☐ Sound ,heavy long
ech ☐	Fast sometimes missing words	☑ Fast sharp clear cut	Sound ,clear ,sweet
e ☑	High pitch	☑ Medium pitch	☐ Low pitch
tal profile ☐			
ng speed ☑	Quick	☐ Medium	☐ Show
ger level ☐	irregular	☑ Sharp need food when hungry	☐ Can easily miss meals
d and drink ☑	Prefers warm	☐ Prefers cold	☐ Prefers dry and warm
ieving goal	Easily distracted	✓ Focused of driven	☐ Slow and steady
ng/donation ☑	Gives small amounts	☐ Gives nothing or large amount infrequently	☐ Gives regularly and generously
tionships ☐	Many casual	☑ Intense	☑ Long and deep
drive ☐	Variable or law	☐ Moderate	☑ Strong
ks best ☐	White supervised	✓ Alone	☐ In groups
ather preference ☑	Aversion to cold	☐ Aversion to heat	☐ Aversion to damps cool
ction to stress ☑	Excites quickly	☐ Medium	☐ Slow to get excited
nces ☐	Doesn't save spends quickly	☑ (Save but big heat)	Save regularly accumulates wealth
ndship ☑	Tends towards short term friendship makes friends	☐ Tends to be a longer friends related to occupation	☐ Tends to form long lasting

a 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 .

a type Rashes inflammatory, skin condition, stomach ache, diarrhea, controlling and manipulative behavior, visual problems, excessive body heat, hostility irritability and excessive competitive drive.

pha e 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

Warm and hot water for drinking.

Hot water for bathing.

Avoid day sleep.

Avoid awakening in night.

Pass natural urges furine & stools) before Panchkarma treatments.

8.Don't expose to clod air of hot sun.

9.Avoid stress and strain during treatment.

10.Don't travel on vehicles in regular treatment.

11.Immediately after travelling or exercise should be not taking and panchkarma treatment.

Shuddhi Ayurveda Panchkarma Clinic
SCO 86, Sector 44 C,
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Chandigarh-160047

Shuddhi AYURVEDA

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SCO 86, SECTOR 44 C, OPP.SIDE OF CHAITANYA HOSPITAL CHANDIGARH-160047)

UHID 3290 OPD 3391 Bed No 3 Date 9-6-2021

PROCEDURE

Banipreet W/o, S/o, D/o W/O Warinder

/O Chandigarh

ate of Admission 9-6-2021 Age 36 year Sex F

as been clearly explained about the Procedure

y Dr. Yamini

have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my wn language. I have been explained about the expenses in the procedure clearly. I have been explained about the etails of PROCEDURE, in case of any emergency and further referral to any higher centre, the required expenses in at case will be paid by me. I had read about the clauses clearly and giving my concern for the procedure mention bout

.....पिता/पति का नाम.....पता .....

..... (दिनांक).....उम्र .....लिंग .....

ं .....ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बता दिया है। जिसमें आने वाले उपद्रवो के रे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े लिनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वहन करना होगा। मैं क्लिनिक के सारे नियम व कानून पढ़ चुका/चुकी एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

Client's Name (रोगी का नाम) Banipreet

ignature (हस्ताक्षर) Banipreet

ate (दिनांक) 9-6-2021

lace (स्थान) Chandigarh

Witness (प्रत्यक्षी) Banipreet

Doctor's Name (चिकित्सक नाम) Dr Yamini

Date (दिनांक) 9-6-2021

Signature (हस्ताक्षर) Yamini

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UHID 3290 OPD 3391 Bed No 3 Date 9-6-2021

PROCEDURE

ent's Name(रोगी का नाम) Banipreet

er's/Husband's Name (पिता/पति का नाम) Warinder

(दिनांक) 9-6-2021 Age (उम्र) 36 year Sex (लिंग) F

edure Perform (प्रक्रिया) Abhyangam, swedan, Greeva basti, P.P.S, Nasyam

isional Diagnosis (रोग निश्चय) Δ T2DM / Acute Cervical ST. & pain radiating to both arms

Diagnosis (रोग विनिश्चय) T2DM / Acute Cervical ST & pain radiating to both arms

or Name (चिकित्सक नाम) Dr yamini

apist Name(सहायक नाम) Rachna, Nandana

ils of Therapy :

Abhyangam + swedan + Greeva basti + P.P.S + Nasyam

Abhyangam ⇒ Painkaam, महानारायण तैल, पिण्ड

swedan ⇒ दशमूल क्वाथ

Greeva basti ⇒ Painkaam, महानारायण तैल, पिण्ड

P.P.S ⇒ Painkaam, महानारायण, पिण्ड (मसि, नीम, दरड

Nasyam ⇒ अणु तैल

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UHID. 3290 OPD. 8391 Bed No. 8 Date. 9-6-2021

H.NO. **DISCHARGE FILE**

ient's Name (रोगी का नाम) Bani Preet Age (उम्र) 36 Sex (लिंग) F

o, S/o, D/o(पिता|पति) Warinder

dress (पता) Chandigarh

te of Admission (भर्ती की तिथि) 9-6-2021 Date of Discharge(छुट्टी की तिथि) 21-6-21

ne of Admission (भर्ती का समय) 1:00 Time of Discharge(छुट्टी का समय) 12:30 Pm

ief Consultant (मुख्य चिकित्सक) Dr. Yamini

HIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त)
Pain in cervical region radiating to Both sides of arms 3 years.
Stiffness of neck / Uric Acid ↑.

Past Medical History (पुराना चिकित्सा वृतान्त)
T2DM.

Family History (कुटुंब वृतान्त) father is DM.

Pain Scale – 7/8.

VitaParameters

B.P 116/74mm Hg.

P/R 82/min

SUGAR HbIAC=6.10

WEIGHT 85.2Kg.

HEIGHT 5'4.

ENSTRUAL HISTORY

(N).

Astha Sthana

NAD पित्तज

MALA विबन्ध

MUTRA (N)

JIWHA लिप्त

SHABDA मूढ

SPARSHA शीत

AKRUTI (M)

DRIKA (M)

Dash vidha Pariksha

1) Prakruti कफपित्तज

2) Vikruti वातज

3) Sara (M)

4) Samhana (M)

5) Pramana (M)

6) Satmya (M)

7) Satva अल्प

8) Agni मन्द

9) Vaya (M)

10) Vyayam Shakti दुर्बल

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Attached = OPD files.

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

Δ. T2DM. / Cervical ~~Strain~~ Acute ~~c~~ pain in both arms Radiating

c/o Pain in Cervical region Radiating to both arms.

- Uric Acid Res.

Abhyangam
Swedan
Kati Basti
Nasyam
] 7 days

DIET ADVISE ON DISCHARGE (आहार निर्देष)

Laghu Supachaya Ahar.

Follow up (दोबारा कब आना है)

follow up after 7 days.

WHEN TO OBTAIN EMERGENCY CALL
(आपातकालीन समस्या में सम्पर्क)

If there is any severe pain. PH No. 8899190101

Stiffness red.

Medicine After Diseases (औषधि छुट्टी के बाद)

Patient came just for therapies.

Dr. Name... Yamini

Sign.....

Date... 9-6-21

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Feedback Form (प्रतिक्रिया फॉर्म)

ame/नाम : Banipreet Age(आयु)...36... sex(लिंग)...F...

)PD: ...3391... UHID No. 3290

ddress /पता: Chandigarh

hone No./ फोन न.: 8427723377 Email / ईमेल : .....

ame of Doctor /डॉक्टर का नाम: Dr Yamini

ear 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 your feedback regarding various aspects of medical care and Clinicity that were extended to your stay here with us.

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।

.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.	How would you feel during treatment ?		
	ईलाज के दौरान आपने कैसा अनुभव किया ?	✓	
7.	Did you have confidence and trust in the staff ?		
	क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	✓	
8.	What one thing would you change about the department ?		✓
	इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		

ur comments / आपके सुझाव

ate: 9-6-21

ture (Clinic Authority)

Signature (Patient/Guardian)

Signature (MD/MS)

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Charges Concern Form

me (नाम): Banipreet DOA (भर्ती की तारीख): 9-6-2021

e (उम्र) 36 Sex (लिंग) F UHID : 3290 OPD : 3391

O, S/O, D/O (पिता|पति) : Warinder Panchkarma:

nsultant Name (चिकित्सक नाम) : Dr yamini

visional Diagnosis(रोग निश्चय) A.T.J. DM / Acute Cervical strain & pain Radiating to both arms..

nfirm Diagnosis(रोग विनिश्चय) : Acute Cervical st & pain Radiating to both arms

Procedure details (प्रक्रिया विवरण): Abhyangam, Swedan, Greeva basti, P.P.S, Nasyam

Day care (डे केयर)

Doctor Consultation Charges (चिकित्सक परामर्श शुल्क)

Nursing charges (नर्सिंग शुल्क)

Package Charges Procedure wise

A: Abhyangam

B: Swedan

C: Greeva basti

D: P.P.S

E: Nasyam

Doctor Fees (चिकित्सक शुल्क)

Medicine (approx) costing :

Consumable (approx) charges :

Accessory (approx) charges :

Diet Charges (आहार शुल्क) :

al Estimated Package Rs. apx 14000/-

ent Signature

Receptionist Signature

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VITAL CHART

ent Name : Bani Preet Gender : F DoA : 9-6-21 UHID No. : 3290

TE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION SPO_2	PAIN	SIGN
-6-21	85.2kg	98.2°F	122/80 mmHg	77/m	98 %	7/10	Rachna
-6-21	85.2kg	98.2°F	116/74 mmHg	83/m	98 %	7/10	Rachna
-6-21	86.6	97.1°F	118/75 mmHg	98/m	88 %	6/10	vandana
-6-21	85.2	97.1°F	116/75 mmHg	~~75~~/m	98 %	6/10	Rachna
-6-21	85.1kg	98.2°F	108/72 mmHg	85/m	96 %	5/10	vandana
7-6-21	84.2kg	98.2°F	120/70 mmHg	82/m	98 %	4/10	Rachna
1-6-21	84.2kg	98.1°F	125/78 mmHg	89/m	98 %	3/10	Rachna

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PAIN SCORING CHART

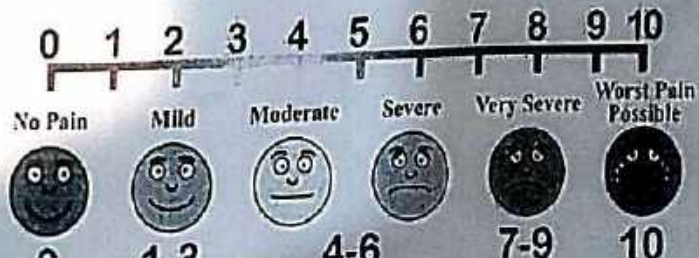
ID: 3290 IPD: 169 OPD: 3391

ne. Banipreet Age: 36 Sex : F

sultant: Dr Yamini Date of admission : 9-6-21

No.	Date	Checked by	Pain Scoring
	9-6-21	Rachna	7/08
2	10-6-21	Rachna	7/08
3	11-6-21	vandana	6/08
4	12-6-21	Rachna	6/08
5	15-6-21	Vandana	5/08
6	17-6-21	Rachna	4/08
7	21-6-21	Rachna	3/08

S.No.	Date	Checked by	Pain Scoring
1	9-6-21	Yamini	7/08
2	10-6-21	Yamini	7/08
3	11-6-21	Yamini	6/08
4	12-6-21	Yamini	6/08
5	15-6-21	Yamini	5/08
6	17-6-21	Yamini	4/08
7	21-6-21	Yamini	3/08



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Shuddhi Ayurveda Panchkarma Clinic

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(SHOWROOM NO.86 SECTOR 44 C, OPP. SIDE OF CHAITANYA HOSPITAL CHANDIGARH -160047)

HID: 3290 OPD: 3391 IPD: 169 BED NO. 3

PHONE NO. 8699190101

PROGRESS NOTES

Date
-6-21

B.P - ~~12~~8/~~8~~0
Temp - 98.2°F
Pulse - ~~8~~377
O_2 - 98

Abhyangam, Swedan, Griva basti
Patient is feeling better
Pain scale 7/8.

Date
10-6-21

B.P - 116/74
Temp - 98.2°F
Pulse - 83
O_2 - 98

Abhyangam, Swedan
Griva basti
Patient is feeling. relief in pain.
Pain scale 7/8.

Date
-6-21

B.P - 118/75
Temp - ~~9~~7.1°F
Pulse - 98
O_2 - 98

Abhyangam, Swedan
Kati basti
Patient is feeling comfortable

Pain scale 6/8

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Date
12-6-21

B.P - 116/75
Temp - 98.2°F
P - 75
O_2 - 98
P. score 5/8

Abhyangam
Swedan, Nasyam
Griva basti
Pain ni subtitle

Date
15-6-21

B.P - 108/72
Temp - 98.2°F
P - 85
O_2 - 96
P. score 5/8

Abhyangam,
swedan
Griva basti
Nasyam
Better than before

Date
17-6-21

B.P - 120/70
Temp - 98°2'F
P - 82
O_2 - 98
Pain score 4/8

Abhyangam, swedan,
Griva basti, Nasyam.
Better

Date
21-6-21

B.P - 125/78
Temp - 98.1°F
P - 89
O_2 - 98
Pain score 3/8

P.P.S, Kati basti
Nadi sweda
Better

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.86 SECTOR 44 C, OPP. SIDE OF CHAITANYA HOSPITAL CHANDIGARH -160047)

UHID: 3290 OPD: 3391 IPD: 169 BED NO. 3

PHONE NO. 8699190101

PROGRESS NOTES

C/S/O · Dr · Yamini

HTN ⊖
Hypothyroidism ⊖

K/C/O · T2 DM.

Acut Cervical Pain (Strain) ⊕
Pain Radiating to both arms.

Uric Acid ↑.

H/O Stress, Depression x2yrs
C-section, 2006, 2011.

NOW C/O.

Pain in Cervical region. 4yrs
fading to Both arms.

↑ed Uric Acid.

O/E

soft

Pallor ⊖ Stiffness ⊕
Icterus ⊖
Pedal oedema ⊕⊕.

Vitals

B.P → 116/74 mmHg.
H.R → 82/min.
Weight → 85.2 Kg
SPO_2 → 98%.

Plan

Panchkarma Treatment

Abhyangam Swedan Kati Basti

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SCO 86, Sector 44 C
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Chandigarh-160047