ActiveAyuLife™

ADVANCED PHYSIOTHERAPY & SPINE CLINIC

(An ISO 9001 : 2015 Certified Clinic)

Dr. DINESH BHARDWAJ

BPT, COCMT, CKT(SPORTS), CNMD, CSR(USA), NDDY, APBC(UK), D.O. (SPAIN), MPT (ORTHO)

Certified Manual Therapist
Doctor Of Osteopathy (Spain)
Fellowship In Osteopathy & Manipulative Therapy
Certified Kineslology-Taping Practioner (Italy)
Certified Neuro-Myosketal Dry-Needing Expert
Certified In Apbc Techniques From
English Osteopathic School (UK)
Certified In Advance Acupuncture Techiniques
Certified In Sports Rehabilitation (USA)
Osteopathic-Chiropractic-Physiotherapist
Consultant Spine Specialist
Reg No.: 2329

Visiting Consultant:-
Satyabhama Hospital, Nangloi
Central Hospital, Tilak Nagar
Bensups Hospital, Dwarka

Treatments Available

- Chiro-Practice
- Osteopathy (Cranial & Visceral
- Ultra-Allon (Spinal Decompression Therapy)
- Cupping (Static, Dynamic, Fire, Wet)
- Neuro Rehailitation Therapy
- Advanced Postural Correction Therapy
- Acupuncture
- Kinesiololgy Taping
- Sports Rehabilitation
- Electro Therapy
- Ayurveda
- Marma Therapy
- PEMF
- Dry Needling
- Acupressure
- LASER
- Exercise Therapy
- Panchkarma
- Shiatsu Method

Clinic Timings:
9:00 Am To 9:00 Pm
Sunday 11am - 02 pm
(By Appointments Only)

Clinic Address :
C-368, Vikas Puri, New Delhi-110018
9212320357, 9999442361,
8744855550, 011-49423551

drdinesh@activeayulife.com
activeayulifedelhi@gmail.com
drdineshbhardwaj.in
www.activeayulife.com

UHIDNo:- AAL1930 OPDNo:- 2155

Date :..16/6/22

Name ..Mr. Rohit Kapoor.

Age : 40 yrs. Sex : M.

BP:- 120/80 mmHg WT:- 76.9 Kg

C/o. Pain in hip region, difficulty in getting up from sitting position since × 2 yrs.

H/o. AVN B/L hip jts × since 2 yrs

O/e. Abnormal Gait cycle VAS-5/10
↓ ROM B/L
Tight musculature
Trigger pts +ve.
MMT → 4/5
faber test +ve

Adv. MRI both hip jts.

℞
SBA, US, LASER 3 × 4 wks.
PEMF, IFT, etc.
-Pl. refer Dr. Ruchi for Panchkarma advice.

Dr. Dinesh Bhardwaj
MPT(Ortho), COCMT,
CKT(Sports), APBC (UK)
Sr. Physiotherapy Consultant
Reg. No. 2329

HOME VISITS AVAILABLE

NOT FOR MEDICO-LEGAL PURPOSE

ActiveAyuLife™

AYURVEDA, PHYSIOTHERAPY & PANCHKARMA CENTRE

(An ISO 9001 : 2015 Certified Clinic)

Dr. RUCHI BHARDWAJ
B.A.M.S., M.D., PGDCFT, DNHE, PGCGS
Ex. Ayurveda Expert At Central Council Of Indian Medicine (Ministry Of Ayush)
(Sr. Ayurveda Consultant)
Specialist In Gynae & Skin Disorders
Expert In Lifestyle Disorder & Infertility/ Tubal Blockage
Reg. No.: 178125
Contact: 8744855550, 9999442361

Clinic Timings:
Morning- 10:00 am To 2:00 pm
Evening- 04:00 pm To 7:00 pm
Sunday
(By Appointments Only)

UHID No: AAL1930 OPD No: 2155
Date: 16/6/22.

Name Mr. Rohit Kapoor
Age: 40/M yr. Sex: male
BP: 120/80 mmHg WT: 76.9 Kg
Reffered from Physiotherapy Department

Chief Complaint Difficulty in standing x since 2 yr.
△ AVN (अस्थिमज्जागतवातरोग)

History AVN B/L Hip Joints x since 2 years.
On Allopathy Medication x since 2 year
↓ Under Physiotherapy Treatment.
No Constipation
Sleep (N), Bloating (+)
H/o- Smoking x 2 yr Back.

Aahar

Pathya	Apathya
- त्रिफला क्वाथ - दूध	दही भिंडी, अरबी चाय, बैंगन x अरहर दाल राजमा x

Do's	Don'ts
प्राणायाम	Smoking x Alcohol x

Rx

① प्रवाल पंचामृत ×1-1 खाली पेट] 7days.
② Asthi Poshak Vati 1-1-1 ×7days
③ Dasmoolarishtam ×4 TSF + 4 TSF water

Adv ⇒
तिक्त क्षीर Basti
Tikta Kshеer Basti] ×7days.

Dr. Ruchi Bhardwaj
Sr. Ayurveda Consultant
Reg.No.CR/AY/178125

drruchi@activeayulife.com
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www.activeayulife.com
www.indiayurveda.in

Clinic Address :
C-368, Vikas Puri, New Delhi-110018
9212320357, 9999442361,
8826744357, 011-49423551

Active Ayu Life

C-368, Vikaspuri, New Delhi-110018
Landline 011-42493551

Initial Assessment Form

DATE: 16/6/22 UHID : AAL 1930 OPD : 2155

PATIENTNAME: Rohit Kapoor S/D/W Name: Sh. Kamal Kumar PHONENo:

PATIENTHISTORY:

ADDRESS(Province-District):				Diagnosis:
PATIENT AGE:		F	M	Numberofchildren: 2
1.	CivilStatus	Single	Married	
4.	Historyof the trauma/illness	Date: 2 yrs		Circumstances/Etiology:
	Associateddiseases:			
5.	MedicalHistory/Treatment	Hospital:		Care:
	Evolutionsincethebeginning	Improved	Worse	Remarks:
	Medication:			X-ray/Otherex: MRI Suggested (Patient Denied)

	VATA	PITTA	KAPHA
MENTAL PROFILE			
Mental activity	☑ Quick mind restless	☐ Sharp intellect aggressive	☐ Claim stead stable
Memory	☑ Short-term best	☐ Good general memory	☐ Long –term best
Thoughts	☐ Constantly charging	☑ Fairly steady	☐ Steady stable fixed
Concentration	Short-learn focus best	☑ Better than average mental concentration	☐ Good ability for long term focus
Ability to learn	☐ Quick grasp of learning	☐ Medium to moderate grasp	☑ Slow to learn
Dreams	☐ Fearful flying running jumping	☐ Angry , fiery ,violent adventurous	☑ Includes water clouds relations , romance
Sleep	☐ Interrupted light	☑ Sound ,medium	☐ Sound ,heavy long
Speech	☑ Fast sometimes missing words	☐ Fast sharp clear cut	☐ Sound ,clear ,sweet
Voice	☑ High pitch	☐ Medium pitch	☐ Low pitch
Mental profile			
Eating speed	☐ Quick	☑ Medium	☐ Show
Hunger level	☑ irregular	☐ Sharp need food when hungry	☐ Can easily miss meals
Food and drink	☑ Prefers warm	☐ Prefers cold	☐ Prefers dry and warm
Achieving goal	☐ Easily distracted	☑ Focused of driven	☐ Slow and steady
Giving/donation	☐ Gives small amounts	☐ Gives nothing or large amount infrequently	☑ Gives regularly and generously
Relationships	☑ Many casual	☐ Intense	☐ Long and deep
Sex drive	☑ Variable or law	☐ Moderate	☐ Strong
Works best	☐ White supervised	☑ Alone	☐ In groups
Weather preference	☐ Aversion to cold	☑ Aversion to heat	☐ Aversion to damps cool
Reaction to stress	☑ Excites quickly	☐ Medium	☐ Slow to get excited
Finances	☑ Doesn't save spends quickly	☐ (Save but big heat)	☐ Save regularly accumulates wealth
Friendship	☐ Tends towards short term friendship makes friends	☑ Tends to be a longer friends related to occupation	☐ Tends to form long lasting

1

Remarks:

Date	

Diet (As Per Patient Already Taking)

Breakfast	Lunch	Dinner	Night
- Vermicilli, - Oats, - Besan chilla - Dalia - fruits	दाल, रोटी सब्जी, दाद्य सलाद	- दाल, खिचड़ी - Boiled Veg.	अगस्त्य हरीतकी (Recommended By other Doctor).

PANCHKARMA TREATMENT PLAN	
POORVA KARMA	
Days Medicine	7 days x स्नेहन] Lower Abdomen - स्वेदन]
Risk, Benefits	→ High B.P → Relax
Next follow up advice	After 7 days
Next follow up date	
PRADHA KARMA	
Days Medicine	7 day x तिक्तक्षीरबस्ति
Risk, Benefits	→ High Blood Pressure → Pain Relief
Next follow up advice	
Next follow up date	
PASCHAT KARMA	
Days Medicine	7 days x Rubbing on Hands & legs
Risk, Benefits	→ Pain Releif

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Active Ayu Life
C-368, Vikaspuri, New Delhi-110018
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Nutritional Assessment Form

I. Identifying Information

Full Name: Rohit Kapoor *Date:* 16/5/22.

UHID No : AA219.30 *Age:* 40yr *Sex :* Male

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

Referring Clinician: Dr. Dinesh Bhardwaj

Reason(s) for visit: Pain Relief

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 X

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

If yes, please specify: -

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

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

If yes, which ones Agastya Haritaki

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

If yes, what

Do you have any chronic illnesses? Yes or No

If yes, please explain AVN x 2 yr.

(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 AVN (Allopathy Medicine

Dr. Ruchi Bhardwaj
Sr. Ayurveda Consultant
Reg.No.CR/AY/178125

Please explain about

- Appetite : – good
- Food habits : – N
- Daily working hours: – NO
- Exercise : – Yes / 10–15 minute
- Job profile : – Business
- Height : – 5'7
- Weight : – 76.9 Kg

Have you ever been diagnosed or do you suffer from anxiety? Yes or No

If yes, please explain_____

Have you ever been diagnosed or do you suffer from depression? Yes or No

If yes, please explain_____

Have you ever been diagnosed or do you suffer from an eating disorder, such as, anorexia, bulimia, or binge eating? Yes or No

If yes, please explain_____

Doctor Signature

Ruchira

Patient Signature

Rohit

eral Examination Assesement

ASTA VIDHA PARIKSHA

S No	AstaVidhaPariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श	16/6/22		22/6		शीत (N.)
2.	शब्द	〃 〃		〃 〃		स्वस्थ
3.	Face (Akruti)	〃 〃		〃 〃		(R) (N)
4.	Eye (Dirka)	〃 〃		〃 〃		(N)
5.	Jiwha	〃 〃		〃 〃		लिप्त
6.	Urine	〃 〃		〃 〃		Clear
7.	Kastho (Stool)	〃 〃				(N) Bloating.
8.	Nadi (वात, पित्त,कफ)	〃 〃		〃 〃		वातज पित्तज

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti	16/6/22		22/6		वातज पित्तज
2.	Vikruti	〃 〃		〃 〃		वातज
3.	Sara	〃 〃		〃 〃		म०
4.	Samhana	〃 〃		〃 〃		म०
5.	Pramana	〃 〃		〃 〃		मध्यम
6.	Satmyaō	〃 〃		〃 〃		उ०
7.	Satva	〃 〃		〃 〃		उ०
8.	Aahar Shakti	〃 〃		〃 〃		उ०
9.	Vaya	〃 〃		〃 〃		म०
10	Vyayani Shakti	〃		〃 〃		म०

Pain Score 5/10

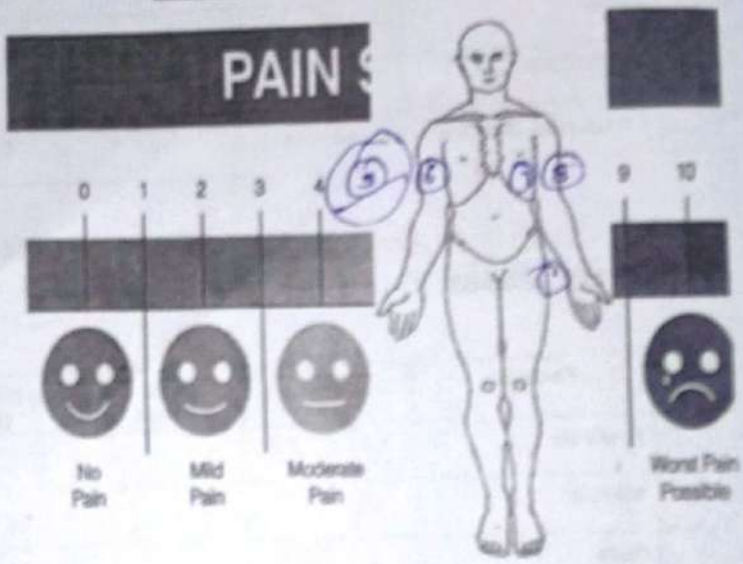
FunctionalEvaluation:

Balancedisorders

Sitting	Normal
	Good
	Poor ✓
	Notpossible
Standing	Normal
	Good
	Poor ✓
	Notpossible

\Coordination

UPPERLIMBS	Good		Poor		Notpossible	
	L	R	L	R	L	R
LOWER LIMBS	Good		Poor		Notpossible	
	L	R	L	R	L	R
Comments:						



Next Follow Plan After 7 days/—

Next Follow Date

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Active Ayu Life

C-368, Vikaspuri, New Delhi-110018
Landline 011-42493551

UHID AA2.1930 OPD 2155 Room No. 1 Date 16/5/22

GENERAL CONSENT

I Rohit Kapoor W/o, S/o, D/o Shri Kamal Kumar
R/O H.g - 288, Vikaspuri, New Delhi - 110018
DateofAdmission Age 40yr Sex male
Hasbeen clearly explainedabouttheProcedure of Physiotherapy & चिकित्सा
By
Dr. Dr Dinesh Bhardwaj / Dr Ruchi Bhardwaj

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 Rohit Kumar पिता/पतिका नाम श्री लाल सिंह पता H.g - 288, Vikaspuri New Delhi - 110018 (दिनांक) उम्र 40 yr लिंग male

डॉ रुचि नेमुझेमुझपरहोनेवालीप्रक्रिया Physiotherapy + चिकित्सा (थैरेपी)केबारेमेंपूर्णत: बतादियाहै।जिसमेंआनेवालेउपद्रवोकेबारेमेंभीमुझेमेरीभाषामेंबतादियागयाहै।यदिकिसीभीथैरेपीकेदौरानआईआपातकालीनस्थितिमेंमुझेकिसीदूसरेबड़े अस्पतालएवंक्लीनिकमेंजानापड़ताहैतोइसकापूर्णखर्चामुझेस्वयंवाहनकरनाहोगा।मैंक्लीनिककेसारेनियमवकानूनपढ़चुका/चुकीहूंएवंमुझेबतादियाग याहैऔरमैंअपनीस्वीकृतिदेरहा/रहीहूं।

Patient's Name (रोगी का नाम) Rohit Kumar

Signature(हस्ताक्षर) Rohit

Date (दिनांक) 16/5/22

Place (स्थान) New Delhi

Witness(प्रत्यक्षी) Pooja

Doctor'sName (चिकित्सक नाम) Dr Ruchi & Dr.

Signature (हस्ताक्षर) Rohit

Date (दिनांक) 16/5/22

Active Ayu Life

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Landline 011-42493551

PANCHKARMA CONSENT

UHID AAL 1930 OPD 2155 Room No. 1 Date 16/6/22.

Patient's Name(रोगी का नाम) Rohit Kumar

Father's/ Husband's Name (पिता/पतिका नाम) Sh. Kamal Singh

Date(दिनांक) Age (उम्र) 40yr Sex(लिंग) Male

Address & Phone no.(पता एवं फोननं.) H.3-288, Vikaspuri, New Delhi

Treatment Benefits(उपचारकेलाभ) Pain Relief.

Risk(जोखिम) No Risk.

Alternative(विकल्प) Exercise & Walk

हमें हमारी थैरेपी के बारेमेंपूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे मे भी बता दिया गया है |

जैसे :-

घुटनों में सूजन	☐	झनझनाहट	☐
पैरोंमें दर्द	☐	अकड़न	☐
पेट मे भारीपन सुन्नपन	☐		☐
कमर में दर्द	☐	उल्टी	☐
दर्द में वृद्धि	☐	दस्त	☐
बुखार आना	☐	बी.पीकमहोना / Increase	☐

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है | मैं स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी Physiotherapy + Basti के बारे मे पूर्णत: ज्ञात होने के पश्चातइन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: ज़िम्मेदारी मेरीस्वयंकी होगी |

- थैरेपिस्ट का नाम नरेन्द्र शर्मा थैरेपिस्टहस्ताक्षर.....
- डाक्टर का नाम डा रुचि & डा दिनेश रोगी के हस्ताक्षर .....
- प्रत्याक्षी पूजा 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 / Increase BP	☐

- After Explaining about thecomplication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform..... Physiotherapy + Basti
- Therapist's Name: Narender Sharma Therapist's Signature .....
- Doctor's Name Dr. Ruchi & Dr. Dinesh Patient's Signature Rohit
- Witness Pooja Date 16/6/22

...tive Ayu Life
...68, Vikaspuri, New Delhi-110018
...andline 011-42493551

CHARGES CONCERNFORM

Name (नाम): Rohit Kapoor DOA (भर्तीकीतारीख): 16/6/22.

Age (उम्र) 40 y.r. Sex (लिंग) Male UHID : APL 1930 OPD : 2155

W/O, S/O, D/O (पिता|पति): Sh. Kamal Kumar Day Panchkarma: 7 days

Consultant Name (चिकित्सकनाम) : Dr. Ruchi

Provisional Diagnosis(रोगनिश्चय) अस्थिगत वातरोग

Final Diagnosis(रोगविनिश्चय) : AVN (अस्थिगत वातरोग)

1. Procedure details (प्रक्रियाविवरण): Physiotherapy + तिल+दशमूल बस्ति
2. Doctor Consultation Charges (चिकित्सकपरामर्शशुल्क) 500
3. Nursing Charges (नर्सिंगशुल्क) x
4. Package Charges Procedure wise
   A: Electrotherapy (SWD, IFT, Exs) + Tikshn Ksheer Basti ₹400 + 700 = 1100 x 7 days = 7700.
   B:
   C :
   D:
   E:
5. Doctor Fees (चिकित्सकशुल्क)
6. Medicine (approx) costing : 600 x
7. Consumable (approx) charges : x
8. Accessory (approx) charges : x
9. Diet Charges (आहारशुल्क) : x

Total Estimated Package Rs. 8800/-

Patient Signature

Receptionist Signature

Active Ayu Life

C-368, Vikaspuri, New Delhi-110018
Landline 011-42493551

HID AAL.1930 OPD 2155 RoomNo. 1 Date 22/6/22.

ADMISSION & DISCHARGED RECORD (Day Care)

NameOfPatient(रोगीकानाम) Mr. Rohit Kapoor

NameOfFather/Husband(पिता/पतिका नाम) Sh. Kamal Kumar Singh

DateOfAdmission(उपचारकीतिथि) 16/6/22 TimeofAdmission(उपचार का समय) 22/6 Age(उम्र) 40y Sex(लिंग) Male

AssistantDoctor (सहायक उपचारक)

DoctorIncharge(संचालक उपचारक) Dr. Dinesha & Dr Ruchi Bhardwaj

Date of Discharge(छुट्टीकीतिथि) 22/6/22 TimeofDischarge (छुट्टीकासमय) 3:00 pm

Operation (If Any) N/A

Procedure(प्रक्रिया) Physiotherapy + Panchkarma (Tikhta Ksheer Basti)

Diagnosis(रोग निश्चय) AVN (अस्थिरक्तक्षय)

Address&PhoneNo.(पताएवंफोन नं.) H3-288, Vikaspuri, New Delhi-110018

Result	Cured/Relived	Investigation Only	Expired
ROM increased	Muscles strength Tone		~~Expired~~ PAIN 0/10

Payment :- CASH_____ TPA Name/No._____ GOVT.Insurance._____

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Active Ayu Life at my own risk and i am ready for the ayurveda treatment. I am giving my consent after understanding benefit and outcome of treatment. the information given by me are absolutely correct.

मैंअपनी मर्जी सेएक्टिवआयुलाइफक्लिनिक मेदिवसीयउपचारकेलिएभर्ती हो रहाहूँ। मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिकचिकित्सा पद्धतिके लिए,और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवारहाहूँएवं मैंने जो विवरण दिया है वह पूर्णतः सही है।

Dated (दिनांक) 22/6 Attendent(प्रत्यक्षी)

Signature (हस्ताक्षर) Rohit Relationship with Patient (रोगीकेसाथसम्बंध) Self

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. TheClinic 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 एवंविनियम 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 कोईदेयता स्वीकार नहीं करता है|क्लिनिकस्ट्राइक,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 समानना 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 हैटीपीए/निजी बीमा /सरकारीबीमाआदि|चैक नहीं लिया जाता है|

Dated (दिनांक) 22/6/22

Signature(हस्ताक्षर)..... Rohit

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

Witness(प्रत्यक्षी)..... Pooja

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DAILY MEDICATIONSCHEDULE

UHID: AAL1930 OPD 2155 Date: 16/6/22.

Patient Name: Mr. Rohit Kapoor DOA: 16/6/22.

Allergies: No Allergy.

Consultant: Dr. Dinesh & Dr. Ruchi Bhazelwaj

NAME OF DRUG	DOSE	DATE	TIME M	TIME A	TIME E
16/6					
(1) प्रवाल पंचामृत	1-1	16/6/22	1	—	1 (खाली पेट)
(2) Asthi Poshak Vati	1	"	1	1	1
(3) Dashmoolarishtam	4TSF	"	4TSF		4TSF
(1) प्रवाल पंचामृत	1	17/6/22	1	खाली पेट	1
(2) Asthi Poshak Vati	1	" "	1	1	1
(3) Dashmoolarishtam	4TSF	" "	4TSF + 4TSF water		
(1) प्रवाल पंचामृत	1	18/6/22	1	खाली पेट	1
(2) Asthi Poshak Vati	1	"	1	1	1
(3) Dashmoolarishtam	4TSF	" "	4TSF + 4TSF water		
(1) प्रवाल पंचामृत	1	19/6/22	1	खाली पेट	1
(2) Asthi Poshak Vati	1	" "	1	1	1
(3) Dashmoolarishtam	4TSF	" "	4TSF + 4TSF water		
(1) प्रवाल पंचामृत	1	20/6/22	1	खाली पेट	1
(2) Asthi Poshak Vati	1	"	1	1	1
(3) Dashmoolarishtam	4TSF	" "	4TSF + 4TSF water		

NAME OF DRUG	DOSE	DATE	TIME M	TIME A	TIME E
(1) प्रवाल पंचामृत	1	21/6/22	खाली पेट		2 खाली पेट
(2) Asthi Poshak Vati	1	" "	1	1	1
(3) Dashmoolarishtam	4TSF	" "	4TSF + 4TSF water		
(1) प्रवाल पंचामृत	1	22/6/22	खाली पेट		
(2) Asthi Poshak Vati	1	" "	1	1	1
(3) Dashmoolarishtam	4TSF	" "	4TSF + 4TSF water		

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TEST REQUESTFORM

Name (नाम): Mr. Rohit Kapoor

Age (उम्र) 40yr Sex (लिंग) Male UHID : AAL 1930 OPD : 2155

W/O, S/O, D/O (पिता/पति): Sh. Kamal Singh Day Panchkarma: 7th.

Provisional Diagnosis(रोगनिश्चय) AVN

Confirm Diagnosis(रोगविनिश्चय) : AVN (अस्थिगतवातरक्त)

Name of Consultant (चिकित्सकनाम) : Dr. Ruchi Bhardwaj

Time of request MRI Both hip joints. Date 16/6/22.

1. Lab

2. Radiology:

3. Scanning :

4. Markers :

Patient need time for MRI / Postpond on Next Week.

Schedule time :	Information for test :

Request that my reports should not be share with anyone without my permission.

मैंअपनीपूर्णइच्छासेडॉक्टरकीसलाहपरअपनीजाँचकीअनुमतिप्रदानकरताहूँएवंअपनीजाँचकापरिणामकीविनतीकरताहूँकीयहजाँचमेरीअनुमतिकेबिना सार्वजनितनहींकीजायें|

PatientSignature : Rohit

Signature of Doctor/Nurse:

Dr. Ruchi Bhardwaj
Sr. Ayurveda Consultant
Reg.No.CR/AY/178125

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UHID AAL-1930 OPD 2155 Room No. 7 Date 16/6/22.

PROCEDURE CARE PLAN

Patient'sName(रोगीकानाम) Mr. Rohit Kumar

Father's/Husband's Name(पिता/पति का नाम) Sh. Kamal Kumar.

Date (दिनांक) 16/6/22 Age (उम्र) 40 yr. Sex (लिंग) Male

Procedure Perform (प्रक्रिया) Physiotherapy + Tikta Ksheer Basti

Provisional Diagnosis (रोगनिश्चय) AVN

Final Diagnosis (रोगविनिश्चय) AVN (अभिघातजवातरोग)

Doctor Name (चिकित्सकनाम) Dr. Dinesh & Ruchi Bhasdwaj

Therapist Name(सहायकनाम) Mr. Narender Kumar.

DetailsofTherapy : Physiotherapy (SBA, US, LASER, PEMF) Done at 1:30–2 PM
तिक्त क्षीर बस्ति ← after this Patient go for for 40 mint further Panchkarma Procedure
Medicated Enema 2:00 – 2:30 PM.
Milk + Herb Boiled Decoction reduced 500ml, make it Cool down (Lukewarm) + add 2 TSF Castor oil giving to Patient through Anus route after Snehan & Swedan. After the thesapy make Sure if the Patient have any Urge to Stool passout & make him Comfortable by rubbing his hands & Sole for Next 15 mints.
→ After the thesapy Blood Pressure will be monitor.

Doctor'sName (चिकित्सक नाम) Dr. Ruchi Bhasdwaj

Date (दिनांक) 16/6/22.

Signature (हस्ताक्षर) Ruchi

Dr. Ruchi Bhardwaj
Sr. Ayurveda Consultant
Reg.No.CR/AY/178125

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UHID. AAL1930 OPD 2155 RoomNo. 1 Date 22/6/22.

F.H.NO. DISCHARGE FILE

Patient's Name(रोगीकानाम) Rohit Kapoor Age(उम्र) 40 yr. Sex(लिंग) Male.

W/o, S/o, D/o(पिता/पति) Sh. Kamal Singh Kapoor.

Address(पता) H3-288, Vikaspuri, New Delhi-110018.

TreatmentStartDate (उपचारप्रारंभदिनांक) 16/6/22 EndDateofTreatment (उपचारकीअंतिमतिथि) 22/6/22.

TreatmentStartTime (उपचारप्रारंभसमय) 1:30PM TreatmentEndTime (उपचारसमाप्तिसमय) 2:30PM.

ChiefConsultant (मुख्यचिकित्सक) Dr. Ruchi Bhardwaj

CHIEFCOMPLAINTANDHISTORY (मुख्यतकलीफएवंउसकावृतान्त) c/o- pain in hip region, Difficulty in Stand up while Sitting x since 2 years.

Treatment Given :- Physiotherapy + ~~तिक्तक्षीर बस्ति~~ x for 7 Days.
1:30 - 2:00 2:00 - 2:30 PM.

Past Medical History (पुरानाचिकित्सावृतान्त) AVN x since 2 yrs.

Family History (कुटुंबवृतान्त) No

Dr. Ruchi Bhardwaj
22/6
Sr. Ayurveda Consultant
Reg.No.CR/AY/178125

Pain Scale - 0/10

VITA PARAMETERS

B.P	120/80 mmHg
PULSE	72/min.
SUGAR	95 fasting
WEIGHT	76.9.
HEIGHT	5'9
MENSTRUAL HISTORY	Male / No

ASTHA STHANA

1. NADI	वातज
2. MALA	N
3. MUTRA	clear
4. JIWHA	लिप्त
5. SHABDA	स्पष्ट
6. SPARSHA	N
7. AKRUTI	N
8. DRIKA	N

DASH VIDHA PARIKSHA

1) PRAKRUTI	वातज पित्तज
2) VIKRUTI	वातज
3) SARA	मध्य
4) SAMHANA	मध्य
5) PRAMANA	मध्य
6) SATMYA	उत्तम
7) SATVA	उत्तम
8) AGNI	उत्तम
9) VAYA	मध्य
10) VYAYAM SHAKTI	मध्य

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DAILY VITAL PAIN SCORING & DAILY FEEDBACK FORM

4 PROGRESS REPORT

Date	Time	Tem.	B.P	Pulse	P.R.	Pain	Therapy	Patient Feedback	Patient Sign	Doctor Sign
16/6/22	1:30 pm	98.3°	120/80	72/min		5/10	Physiotherapy + Basti	Good	Rohit	Dr
17/6/22	1:00 pm	98.3°	120/80	76/min		4/10	"	V.Good	Rohit	Dr
18/6/22	1:30 pm	98.3°	119/80	73/min		4/10	" " "	V.Good	Rohit	Dr
19/6/22	1:30 pm	98.3°	120/70	71/min		2/10	" " "	V.Good	Rohit	Dr
20/6/22	1:30 pm	98.3°	120/80	72/min		1/10	" " "	Good	Rohit	Dr
21/6/22	1:30 pm	98.3°	130/80	76/min		0/10	" " "	Good	Rohit	Dr
22/6/22	1:00 pm	98.3°	120/80	72/min		0/10	" " "	V.Good	Rohit	

Patient Name :..Mr. Rohit Kapoor..... Gender :..M..... DOA :..16/6/22.. UHID No.:.....

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COVID-19 MANDATORY SELF DECLARATION

Name: Rohit Kapoor Date: 16/6/22.

Address

: H3-288, Vikaspuri, New Delhi-110018

Age: 40yr Contact Number : Gender : M/F

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the Active AyuLife ,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?
  Consult for Pain
- 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.
  Yes C Protection
- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you,please specify.
  अदरक हल्दी
- Kindly share your status of AarogyaSetu app? Red/Orange/Green

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.

Signature

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FEEDBACK FORM (प्रतिक्रियाफॉर्म)

Name/नाम: Mr Rohit Kapoor Age(आयु): 40y Sex(लिंग): Male
D: Ho-288, UHID No
Address /पता: Ho-288, Vikaspuri, New Delhi - 110018
Phone No./ फोनन.: Email / ईमेल :
Name of Doctor /डॉक्टर का नाम: Dr. Ruchi Bhardwaj

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 आपकीचिकित्सा,देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मददकरता है |
जो हमारे यहाँ इलाज के दौरान अनुभव किया।

S.No	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	Notgood/ अच्छा नहीं No/नहीं
1.	Do you found ,Time period spent on your assessment is sufficient or not ?	Yes	
	आपकीजांचकेलिएडॉक्टरकेद्वारादियागयासमयपर्याप्तहैयानहीं ?		
2.	Explained about diagnosis and treatment ?	V.Good	
	निदान औरउपचार के बारे में समझाया?		
3.	How is work experience of staff ?	V.Good	
	कर्मचारियों का कार्य अनुभव कैसा हैं?		
4.	During your problem did employee or staff respond you on time or not ?	Yes	
	जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं?		
5.	Did staff treat you with dignity and respect ?	Yes	
	क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं?		
6.	How would you feel during treatment ?	V.Good	
	ईलाजके दौरान आपनेकैसा अनुभव किया?		
7.	Did you have confidence and trust in the staff ?	Yes	
	क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं?		
8.	What one thing would you change about the department ?		Nothing
	इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं?		
Your comments / आपके सुझाव			

Date: 16/6/22

Signature (Clinic Authority) Signature (MD/MS)

Signature (Patient/Guardian) Rohit