

VRIKSHAKALPA AYURVEDA & PANCHAKARMA CENTER

(A UNIT OF VRIKSHAKALPA SHERBAL LLP)

E 1/12, 1ST FLOOR, MAIN MARKET ROAD, MALVIYA NAGAR, NEW DELHI - 110017

EMAIL: VRIKSHAKALPAAYURVEDA@GMAIL.COM

REF. NO.

DATE: 03/08/2022

MEETING REGARDING REGISTRATION PROCESS

TEAM MEMBER		
SR NO	NAME OF THE MEMBER	DESIGNATION
1.	DR. KUSUM VERMA	MEDICAL SUPT.
2.	DR. AMIT KUMAR	SENIOR CONSULTANT
3.	MISS MONALISA RAY	RECEPTIONIST
4.	MISS SAHANA BANO	MANAGER

AGENDA: Registration of all patients coming to center for any purpose and providing them UHID no. and OPD no.

Minutes of Meeting:

- Any category of patient i.e. walk in patient for single random therapy, doctor consultation, Panchakarma complete treatment or any other purpose or services availing at center should be registered in software and provide them UHID no. and OPD no.
- Every patient should go in doctor chamber for consultation before any treatment specially random single therapy patient or walk in therapy patient and should made their OPD file which consists of Initial Assessment Form, Nutritional Assessment Form, Covid-19 Mandatory Self Declaration Form, Feedback form, Panchakarma Consent Form and Procedure Care Plan Form.

As
03/08/2022

Vrikshakalpa Ayurveda & Panchakarma Center,
A Unit of Vrikshakalpa Herbal LLP
E 1/12, 1st Floor, Main Market Road,
Malviya Nagar, New Delhi - 110017

Regards,

Vrikshakalpa Ayurveda & Panchakarma Center,
A Unit of Vrikshakalpa Herbal LLP

VRIKSHAKALPA AYURVEDA & PANCHKARMA CENTER

(A Unit of Vrikshakalpa Herbal LLP)

E-1/12, 1st Floor, Main Market Road, Malviya Nagar, New Delhi - 110017

Ph. : 8303000777, 8800209083 | E-mail : info@vrikshakalpaayurveda.com

Website : www.vrikshakalpaayurveda.com



Case Date: 31/07/2022

Prescription

UHID No:	PT/22-23/174	Case ID:	OP/22-23/478
Name:	KANCHAN PATHAK W/O-SANJAY	Age / Sex:	42 / Female
Address:	NHPC A-1945, GREEN FIELD COLONY, FARIDABAD, DELHI NCR	Mobile:	8252298995
Consult By:	Dr.Amit Verma	Visit Date:	31/07/2022
		Followup Date:	01/08/2022

Ayurved Diagnosis : Katishoola**Symptoms:**

- PAIN IN LOWER BACK AND BODYACHE SINCE 1 DAY

Ashtvidh Pariksha

नाडी : निराम जिहवा : निराम मल : सम्यक् मूत्र : सम्यक् नेत्र : सम्यक् आकृति : मध्यम शब्द : गम्भीर स्पर्श : अनुष्णाशीत
Dashavidh Pariksha

प्रकृति : वातकफ वयस : मध्यम देश : जड़गल काल : वर्षा सत्व : मध्यम संहनन : मध्यम प्रमाणत : मध्यम शरीर बल : मध्यम मानस प्रकृति : सात्विक , राजसिक सार : (MADHYAMA)
Samprapti

दोष : वातकफ दुष्य : अस्थि स्रोतस : अस्थिवहस्रोतस् अधिष्ठान : मध्यम स्त्रोतोदृष्टि : संग , विमार्गगमन स्वभाव : आशुकारि
साध्यसाध्यत्व : सुखसाध्य

Vital Data:

Pain Score: : 04 , BP: : 130/90 mmHg, Temperature: : 98.4 f, Height: : 5.2 ft, SP02: : 98 , RR: : 16 CPM,
Pulse: : 78 , Weight: : 64.5 kg

Advised for

Serrange Abhyangam with Shonwanbom tail + Steam

Dr. [Signature]
31/07/22 3:15 PM

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D: 31/07/2022

Mrs. KANCHAN PATHAK W/O-
SANJAY

42 / Female

Dr.Amit Verma

Early morning

Other : Ginger tea, Herbal Decoction, Tumeric tea, Warm water

Mint tea : Herbal tea

Remark: GREEN VEGETABLE JUICE - MORNING EMPTY STOMACH

Breakfast

Remark: GREEN VEGETABLE JUICE, FRUITS BOWL, POHA WITHOUT PEANUTS, IDLI, OATS, DALIYA WITH VEGETABLES, KHICHDI WITH VEGETABLES, SUJI CHILLA, BESAN CHILLA, MOONG DAL CHILLA

Lunch

Remark: RAGI ROTI, JAU ROTI, JOWAR ROTI, GREEN VEGETABLES, DHULI HUI DAAL, ARHAR & UDAR NAHI KHANA, DAAL WEEK MEIN 3 TIMES, BUTTER MILK WEEK MEIN 3 TIMES, SALAD GREEN

Snacks

Remark: ROASTED CHANA, ROASTED MAKHANA, FRUITS LIKE APPLE, PAPAYA, GRAPES. GUAVAVA, KIWI

Dinner

Remark: NO CHAPATI, ONLY VEGETABLES, KHICHDI, DALIYA, SOUPS, SAUTE VEGETABLES

Remark

- NO CURD, NO RAJMA, NO CHOOLE, NO ARBI AND AVOID THINGS WHICH CAUSE CONSTIPATION.
- NO HEAVY WORK OUT.

Handwritten signature and date: 31/07/22 3:15 PM

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Initial Assessment Form

DATE: 31/07/2022

UHID: VR/MN/432

OPD: VR/MN/1826

PATIENT NAME: Kanchan Pathak

SAW/D Name: Banjay

PHONE: 8252298995

PATIENT HISTORY:

ADDRESS (Province-District): NHRC - 1945, Green Park Colony, Faridabad

PATIENT AGE: 42 F M Diagnosis: Katarbala

1. Civil Status Single Married Number of children:

4. History of the trauma/illness Date: Circumstances/Etiology: c/o Low Back & Body Pain

Associated diseases: u/s Hypertension after long journey

5. Medical History/Treatment Hospital: Care:

Evolution since the beginning Improved Worse Remarks:

Medication: X-ray/Other ex:

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

Vata Kapha

Remarks:Date 31/07/22**Diet (As Per Patient Already Taking)**

Breakfast	Lunch	Dinner	Night
—	<u>Chapati-2</u> <u>Kaddu Sahji</u>	<u>Noon</u> <u>Pongee</u>	

PANCHKARMA TREATMENT PLAN**POORVA KARMA**

Days Medicine	Saavanga Abhyangam + Steam
Risk, Benefits	Benefit: Relieves Pain, Relax
Next follow up advice	Risk: Rashes, Weakness
Next follow up date	31/07/22

PRADHA KARMA

Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	

PASCHAT KARMA

Days Medicine	
Risk, Benefits	

Pain Score

Functional Evaluation:

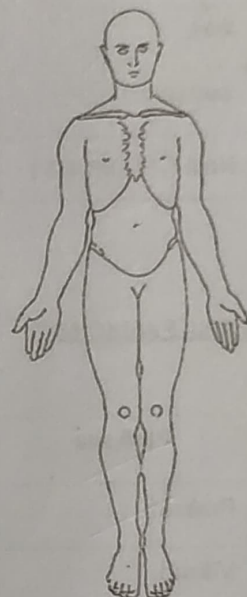
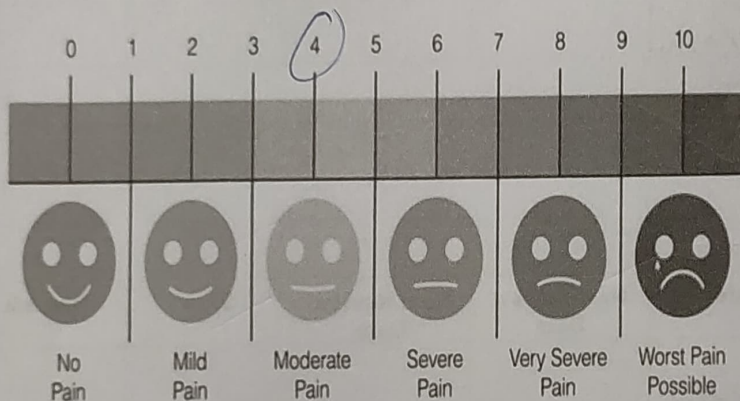
Balance disorders

Sitting	Normal
	Good
	Poor
	Not possible
Standing	Normal
	Good
	Poor
	Not possible

Coordination

UPPER LIMBS	Good	Poor	Not possible
	L R	L R	L R
LOWER LIMBS	Good	Poor	Not possible
	L R	L R	L R
Comments:			

PAIN SCALE



Next Follow Plan

Next Follow Date

2/07/22

General Examination Assesement

ASTA VIDHA PARIKSHA

31/7/22

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श	2				
2.	शब्द	2				
3.	Face (Akriti)	Madhyam				
4.	Eye (Dirka)	2				
5.	Jivha	2				
6.	Urine	2				
7.	Kastho (Stool)	2				
8.	Nadi (वात, पित्त, कफ)	Vata Kapla				

DASH VIDHA PARIKSHA

31/7/22

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti	Vata Kapla				
2.	Vikruti	Vata Kapla				
3.	Sara	Madhyam				
4.	Samhana	4				
5.	Pramana	4				
6.	Satmya	4				
7.	Satva	4				
8.	Aahar Shakti	Madhyam				
9.	Vaya	Madhyam				
10.	Vyayani Shakti	Arora				

31/7/22
3:25/17

Vikshakalpa Ayurveda & Panchkarma Center,
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Nutritional Assessment Form

I. Identifying Information

Full Name: Kanchan Pathak Date: 31/07/2022
UHID No: VK/MN/430 Age: 42 Sex: Female

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

Referring Clinician: _____

Reason(s) for visit: Kabhi kabhi

II. Medical History (please give full details)

- Diabetes YES/NO NO HBA1c.....since.....Medication
- HTN YES/NO NO Last recorded valuesince.....medication
- CAD YES/NO NO STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO NO REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE.....MEDICATION

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

If yes, which ones _____

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

If yes, what _____

Do you have any chronic illnesses? Yes or No NO

If yes, please explain _____

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

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

If yes, what medication and what dosage _____

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Please explain about

- Appetite : *Good*
- Food habits : *Regular*
- Daily working hours : *8-10hr*
- Exercise : *No*
- Job profile : *Housewife*
- Height : *5.2 ft*
- Weight : *64.5 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

[Signature]
Vrikshakalpa Ayurveda & Panchkarma Center,
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Patient Signature

[Signature]



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Covid-19 Mandatory Self Declaration Form

Name: Kanchan Pathak Age: 42 Gender: M/F
Date: 31.7.22 Contact Number: 9708353876
Address: NHPC A-1945, Green, Pealed Colony, Faridabad

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Vrikshakalpa Ayurveda & Panchakarma Center to fill-out the self-declaration form below.

Do you have any of the following flu-like symptoms ?

Fever	Yes	No <input checked="" type="checkbox"/>
Dry Cough	Yes	No <input checked="" type="checkbox"/>
Sore Throat	Yes	No <input checked="" type="checkbox"/>
Diarrhoea	Yes	No <input checked="" type="checkbox"/>
Breathlessness	Yes	No <input checked="" type="checkbox"/>
Asthma	Yes	No <input checked="" type="checkbox"/>
Other : Please specify	Yes	No <input checked="" type="checkbox"/>

- History of travel in the recent one month nationally and internationally?
Yes
- Any contact history with a person who had returned from foreign country ? If yes, please specify.
Yes
- Purpose of your visit : For consultation, Patient attendant / other reason?
for Body relaxation
- 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.

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 from 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.

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Kanchan
Signature



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FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID: VK/MW/1932 OPD: VK/MW/1824 IPD: 1 Date: 31/07/2022

Patient Name (रोगी का नाम) Kamchan Pathak Age (उम्र) 42 Sex (लिंग) Female

Name of W/O, D/O, S/O (पिता/पति का नाम) Sanku

Address (पता) NHPC + A-1945, Green Pooled Colony, Paschimabad

Phone No (फोन नं.) 8252298095 Email (ईमेल)

Name of Doctor /डॉक्टर का नाम: Dr. Amit Kumar

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 ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा है ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	How would you feel during treatment? इलाज के दौरान आपने कैसा अनुभव किया ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	What one thing would you change about the department? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Your comments / आपके सुझाव			

Date: 31/07/2022

Signature (Patient/Guardian)

Signature (Clinic Authority)

Signature (MD/MS)

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PANCHKARMA CONSENT

UHID: UP/10001/432 OPD: UP/10001/824 Room No. 284 Date: 31/07/2022

Patient's Name (रोगी का नाम) Kanchan Pathak Age (उम्र) 42 Sex (लिंग) F
 Father's/ Husband's Name (पिता/पति का नाम) Sanjay Date (दिनांक) 31/07/22
 Address & Phone no. (पता एवं फोन नं.) NHPC, A-1945, Green Leafed Colony, Faridabad
 Treatment Benefits (उपचार के लाभ) Relaxation, Relax
 Risk (जोखिम) Rubber Weaken
 Alternative (विकल्प) Apply to cervical

हमें हमारी थैरेपी के बारे में पूर्णतः बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।

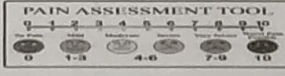
जैसे :-	घुटनों में सूजन	<input type="checkbox"/>	इनफ्लेक्शन	<input type="checkbox"/>
	पैरों में दर्द	<input type="checkbox"/>	अकड़न	<input type="checkbox"/>
	पेट में भारीपन	<input type="checkbox"/>	सुन्नपन	<input type="checkbox"/>
	कमर में दर्द	<input type="checkbox"/>	उल्टी	<input type="checkbox"/>
	दर्द में वृद्धि	<input type="checkbox"/>	दस्त	<input type="checkbox"/>
	बुखार आना	<input type="checkbox"/>	बी.पी कम होना	<input type="checkbox"/>

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थैरेपी
 के बारे में पूर्णतः जात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः ज़िम्मेदारी मेरी स्वयं की होगी।

➤ थैरेपिस्ट का नाम थैरेपिस्ट हस्ताक्षर
 ➤ डाक्टर का नाम रोगी के हस्ताक्षर
 ➤ प्रत्याक्षी दिनांक

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

Swelling in Joints	<input type="checkbox"/>	Tingling sensation	<input type="checkbox"/>
Pain in Legs	<input type="checkbox"/>	Tenderness	<input type="checkbox"/>
Tenderness in abdomen	<input type="checkbox"/>	Numbness	<input type="checkbox"/>
Backache	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>
Increase pain	<input type="checkbox"/>	Loose motion	<input type="checkbox"/>
Fever	<input type="checkbox"/>	Decrease B.P	<input checked="" type="checkbox"/>



➤ 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: Sanjay Rajan Therapist's Signature: [Signature]
 Doctor's Name: Dr. Anil Kumar Patient's Signature: [Signature]
 Witness: [Signature] Date: 31/07/22

Vrikshakalpa Ayurveda & Panchakarma Center,
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VRIKSHAKALPA AYURVEDA & PANCHAKARMA CENTER

(A Unit of Vrikshakalpa Herbal LLP)

E 1/12, 1st floor, main market road, Malviya Nagar, New Delhi - 110017

UHID VK/001/432 OPD 00/00/2020 Room No. 101 Date 31/07/22

PROCEDURE CARE PLAN

Patient's Name (रोगी का नाम) Kanchan Pathak

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

Date (दिनांक) 31/07/2022 Age (उम्र) 42 Sex (लिंग) Female

Procedure Perform (प्रक्रिया) Abhyanga + Steam

Provisional Diagnosis (रोग निश्चय) +

Final Diagnosis (रोग विनिश्चय) Kapshotha

Doctor Name (चिकित्सक नाम) Dr. Amit Kumar

Therapist Name (सहायक नाम) Gincy Rajan

Details of Therapy :

1. Serranga Abhyanga with Dhansanbom oil 100ml.
+ Bala Sweda
60 minutes

Doctor's Name (चिकित्सक नाम) Dr. Amit Kumar

Date (दिनांक) 31/07/22

Signature (हस्ताक्षर) [Signature]

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Malviya Nagar, New Delhi - 110017

vaidyamanager.com/patient/viewcase/467349

S... U Panchakarma Thera... Panchakarma Equip... Traditional Ayurved... Ayurveda Dhroni M... Ayurveda massage... PanchakarmaEquip... MASSAGE cum SHL...

History Prescription Panchakarma Investigation / Xray Documents Progress Diet Visiting Calendar Bill History View

PT/22-23/174

Upload Photo

OP/22-23/478

31/07/2022



Mrs. KANCHAN PATHAK W/O-SANJAY

Patient information Sticker

Birth Date



F

M

42

Y

Month

m

0

Select



ID Proof No

NHPC A-1945, GREEN FIELD COLONY, FARIDABAD, DELHI NCR

State | City

India



Delhi



South Delhi



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[Signature]
03/08/2022

34°C Haze