Shuddhi AYURVEDA — JEENA SIKHO LIFECARE PVT LTD

Shop. No. 2, Basement Shushma Complex, Near Neelam Flyover,
Sector 20-B, Ajronda Chowk, Faridabad, Haryana - 121001

Dr. Raghvendra Sharma
(BAMS) Ayurvedacharya

4HID – JS211207
Date – 6/12/21
Time – 10am

(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: → Rajbir 38/F
W/o, D/o, S/o: → Kuljit singh
Chief Complain
History → chest pain with palpitation left syr
4TH
- Hyperacidity
Menstrual History
reg/H – ok
- constipation
Diagnosis:
Hridrog
- Bulchury & nausea
अष्टविध परिक्षा
स्पर्श N
शब्द N
Face (आकृति) N
Eye (दृष्टि) N
Jiwha (जिह्वा) choked
Urine (मूत्र) N
Stool (मल) Sem
Nadi (वात, पित, कफ) VK

△ Hriday rog

Adv

(Dash Vidha)

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

- Udvartan - by Kotamchukyadichurna
- Hridaydhara by Dhanwantri all
- Netra basti by - maha Narayan tail

Rx

- Shuddhi Hrid care cap – 1BD
- Lipi cap – 1BD
- Shuddhi Livdj cap – 1BD
- Heart care syp – 2TSF BD
- Telcom D syp – 2TSF BD
- Heart drop – 20 drop

After meal with water

Vitals:
B.P.: 129/80 79
Weight.: 63kg
Height: 5'3"
RBS.: 122 mg/dl

6/12/21 5:30pm
Dr. RAGHVENDRA SHARMA
(B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

NEXT CONSULATION DATE:.....

Patient care plan -

① Alternative ⇒ ① Udvartan start time your felling some time Skin Allergy
② medicine stope & contact with me
And Treatment according to complication

② - Benifites ⇒ ① Detoxification of Blood & Skin scar with spot by Udvartan
② All medicine Ayurvedic so that No Damage
of vital part like Liver, Kidney etc

③ - Risc ⇒ ① some ~~increase~~ of urtecarial problems by Udvartan
② If medicin start by empty stomach there
start of itching of body, vulching / vomiting
etc

④ outcome - patient feeling of good & very Happy

Jeena Sikho Lifecare Pvt.Ltd

Shop. No. 2, Basement Shushma Complex, Near Neelam Flyover, Sector 20-B, Ajronda Chowk, Faridabad, Haryana-121001

COVID-19 MANDATORY SELF DECLARATION FORm

Name : Rajbir Date : 6/12/21

Address : Sec-21, H/No-900 Ram Jabari

Age : 38 Contact Number : 7042554171 Gender :M/F M

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 Clinic (A Unit of Jeena Sikho Lifecare Pvt.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 ✓
Breathlessnesss	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?

  No

- 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 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

Jeena Sikho Lifecare Pvt. Ltd. Shop No. 2, Basement Shushma Complex, Sector 20B, Ajronda Chowk, Faridabad-121001

Dr. RAGHVENDRA SHARMA (B.A.M.S.) AYURVEDACHARYA Regn. No.: 53979

Jeena Sikho Lifecare Pvt.Ltd

Shop. No. 2, Basement Shushma Complex, Near Neelam Flyover, Sector 20-B, Ajronda Chowk, Faridabad, Haryana-121001

Nutritional Assessment Form

I. Identifying Information

Full Name: Rajbir Date : 6/12/21

UHID No : JS211207 Age: 38 Sex : Female

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

Referring Clinician: x

Reason(s) for visit: Chest pain

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: - 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 yes

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

Jeena Sikho Lifecare Pvt. Ltd.
Shop No. 2, Basement Shushma Complex,
Near Neelam Flyover, Sector-20B,
Ajronda Chowk, Faridabad-121001

Dr. RAGHVENDRA SHARMA
(B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

se explain about

- Appetite : – ok
- Food habits :– ok
- Daily working hours: 3/4 hr
- Exercise : – 1 hr
- Job profile : – Sheating
- Height : – 5'3"
- Weight : 63 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

Doctor Signature	Patient Signature

Jeena Sikho Lifecare Pvt. Ltd.
Shop No. 2, Basement Shushma Complex,
Near Neelam Flyover, Sector-203,
Ghaziabad-121001

Dr. RAGHVENDRA SHARMA
(B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

[JS211207]

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 Dr Sharma Branch : FBD

DATE	B.P	SUGAR	WEIGHT	REMARKS
6/12/21	129/78 79	NO	63kg	CHD
29/4/4	112/76 71	No	62.5kg	Improvement
08/02/22	113/81 72	No	63kg	Improvement

Jeena Sikho Lifecare Pvt. Ltd. Shop No 2, Basement Shubham Complex Near Neelam Flyover, Sector-20B, Hiranki Chowk, Faridabad-121001

Dr. RAGHVENDRA SHARMA (B.A.M.S.) AYURVEDACHARYA Regn. No.: 53979

Name Rajbir Kaur C/o / D/o / F/o Kuljit Singh

Age 38 Weight 63 Height 5' 4 DOB _____ Sex: M ☐ F ☑

Occupation House Wife Religion Hindu Blood Group B positive DOM _____

Address Sec 21A H.NO 200 Faridabad

City Faridabad State ~~Delhi~~ Haryana Pin Code 121001

Telephone 7042554171 E-mail ID Rajbir

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 था?
- 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?

Sugar / thyroid → no
Bp → yes - 8 yrs
C/o — cardiac disease - 5 yr
- gastric acidity → y - but after D/c'd - ch
- Appetite → red
- Sleep → ok
- Urine → ok
- motion → 1/day ch

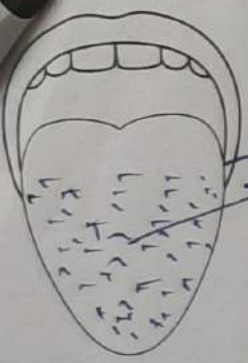
P/H → Hardening
S/H → no

Dr. RAGHVENDRA SHARMA (B.A.M.S.) AYURVEDACHARYA Regn. No.: 53979
Jeena Sikho Lifecare Pvt. Ltd.

Date 6/12/2021

Patient Signature Raybir Kaur

Tongue (जिह्वा)



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date	06/12/24	29/12/24	06/02/25			

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

धरण/कौड़ी: ☐ Yes ☐ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
- Cervical spondylosis	5yr	20%	30%		
- Tachycardia	11	11	4		

Jeena Sikho Lifecare Pvt. Ltd.
Shop No. 2, Basement Shushma Complex,
Near Nehru Nagar, Sector 20B,
[illegible] 201001

Dr. RAGHVENDRA SHARMA (B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

FAMILY HISTORY :
Complaints -

Father	Mother	Sister	Brother	Grand Parents	Father Side चाचा ताऊ बुआ	Mother Side मामा मासी
			No			

Surgery/Procedure History ——— No

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोलियां चल रही है और कौन-कौन सी
Cardiac ph.	5yr	Echo / ecg.	Allopathy

GYNAE HISTORY

L.M.P 4/12/204 Days 3/5 dys

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

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 : _____

Abortion History : _____

SYSTEMIC EXAMINATION

Dr. RAGHVENDRA SHARMA (B.A.M.S.) AYURVEDACHARYA Regn. No.: 53979

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 Normal

Other _____

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

PPETITE 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 / तेज़ाब

- ☑ 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

Icterus ☐ Mild ☐ Moderate ☐ Severe

Vision Normal

Others _____

URINE

Vega

- ☐ Day
- ☐ Night
- ☑ Normal

Associated with

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

- ☐ Satisfactory
- ☐ Unsatisfactory
- ☐ Incontinence

Colour Normal

Others _____

SLEEP

Duration

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

Intensity of Disturbance

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Yes
- ☐ No

Others NO

Jeena Sikho Lifecare Pvt. Ltd.
Shop No. 2, Basement, Shishtha Complex,
Near Navjeevan ...

MIND

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

Others NO

Dr. RAGHVENDRA SHARMA (B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

ALLERGIES / REACTIONS

Food..... Medicine ..... Other .....

INVESTIGATIONS PROVIDED ☐ Yes ☐ No .....

DIAGNOSIS.....

CHIKITSA SUTRA.....

SPECIFIC ADVICE.....

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 Pvt. Ltd.
Shop No. 2, Basement Shushma Complex,
Near Neelam Flyover, Sector-20D,

Dr. RAGHVENDRA SHARMA
(B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

Pt. Signature. Rajbir Kaur

Doctor Signature

DATE:- 6/12/24 (7300 upay)

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Rp	Rp Hrid care cp - Lipi cp - Liv ds cp	Rp Hurt care syp - Tclean dr syp - Heart drop

DATE:- Rp 29/12/24 (7800 Upay)

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Rp Arharyapow.	Rp. Hrid care cp - Lipi cp - Uvgain tab	Rp Jeevan Amrit syp - Heart care syp - Heart drop

DATE:- 02/02/25

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Rp Dikit - (20) BS 6715455 (8600)	Rp. Hrid care cap - Liv ds cap - Cardi Aure tab	Rp ~~H of~~ Heart care syp - Civertonic syp - Heart drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

Jeena Sikho Lifecare Pvt. Ltd.
Shop No. 2, Basement Shushma Complex,
Near Neelam Flyover, Sector-20B,
Aircon Chowk, Faridabad-121001

Dr. RAGHVENDRA SHARMA
(B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

DATE	MORNING TO NIGHT DIET FULL DETAILS
6/12/21	Last Day - Breakfast - 7:00 Am - 2 रोटी, चाय Lunch - 2:00 PM - 4 रोटी, आलू की सब्जी Dinner - 9:00 PM, 3 रोटी, सब्जी गोली
	Today-
29/12/21	Last Day - Breakfast - 7:30 Am - बिस्किट, ग्रीन टी Lunch - 2:00 PM - 4 रोटी, आलू की सब्जी Dinner - 8:30 pm - 2 रोटी, सब्जी,
	Today-
2/02/22	Last Day - Breakfast - 8:00 Am - बिस्किट, चाय, Lunch - 3:00 pm - 4 रोटी, सब्जी दाल Dinner - 8:00 pm - 3 रोटी, सब्जी,
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-

Jeena Sikho LifeCare Pvt. Ltd.
Shop No. 2, Basement Shushma Complex,
Near Neelam Flyover, Sector-20B,
Ajronda Chowk, Faridabad-121001

Dr. RAGHVENDRA SHARMA
(B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

Jeena Sikho Lifecare Pvt.Ltd

Shuddhi AYURVEDA

Shop. No. 2, Basement Shushma Complex, Near Neelam Flyover, Sector 20-B, Ajronda Chowk, Faridabad, Haryana-121001

PAIN SCORING CHART

UHID: JL21207 OPD: 2021997

Name. Rajbir Age: 88 Sex : f

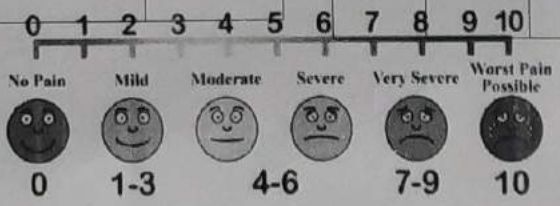
Consultant: Dr Raghvendra Date of admission :

Before Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1)	10 am	6/12/21	Dr. Raghvendra	7/10
2)	12 pm	29/12/21	"	5/10
3)	01 pm	02/2/22	"	4/10

After Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1 -	12 pm	29/12/21	Dr. Raghvendra	5/10
2 -	01 pm	02/02/22	"	4/10



Jeena Sikho Lifecare Pvt. Ltd.
Shop No. 2, Basement Shushma Complex,
Near Neelam Flyover, Sector-20B,
Ajronda Chowk, Faridabad-121001

Dr. RAGHVENDRA SHARMA
(B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

Jeena Sikho Lifecare Pvt. Ltd

Shop. No. 2, Basement Shushma Complex, Near Neelam Flyover,
Sector 20-B, Ajronda Chowk, Faridabad, Haryana - 121001
+919313666680

Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Rajbir Age(आयु)....28..... Sex(लिंग)....M.....

OPD: ...2021937..... UHID No....JS211207....

Address /पता: ....Sec-21A, H/No-200 Faridabad.....

Phone No./ फोन न.: ...7042554171.....Email / ईमेल : .....

Name of Doctor /डॉक्टर का नाम: ....Raghvendra Sharma.....

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 ?	Yes	
	आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?		
2.	Explained about diagnosis and treatment ?	Yes	
	निदान और उपचार के बारे में समझाया ?		
3.	How is work experience of staff ?	good	
	कर्मचारियों का कार्य अनुभव कैसा हैं ?		
4.	During your problem did employee or staf' respond you on time or not ?	Yes	
	जब आप अपनी समस्या बताते हैं, तो कर्मचारीं 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 ?	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: ...6/12/2021

Jeena Sikho Lifecare Pvt. Ltd.
Shop No. 2, Basement Shushma Complex,
Near Neelam Flyover, Sector-20B,
Ajronda Chowk, Faridabad-121001

Signature (Patient/Guardian) Rajbir

Signature (Clinic Authority)

Dr. RAGHVENDRA SHARMA
(B.A.M.S.)
AYURVEDACHARYA
Regn. No.: 53979

Signature (MD/MS)