



100 वर्षों तक स्वस्थ,
सुखी व सम्पन्न जीने के लिए



JEENA SIKHO LIFECARE LIMITED

JAIPUR, E-19, New light Colony, Gopal Pura Mod, Under Bhaskar Flyover
Contact No.: 95726-95726, Email ID: shuddhihospital.jaipur@jeenasikho.co.in

Ref. No.

Dated 10/7/22

NC 03/COP8D: Paediatric assessment revealed lack of documentation w.r.t. growth and psycho social assessment

- We are sharing a patient file named Ankit Anil, Male, 12 yrs old having assessment includes detailed nutritional, growth and psychosocial assessment as advised by Assessor Sir's

[Handwritten signature]
JEENA SIKHO LIFECARE LTD.
E-19, NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)

Dr. Rahul Sharma

BAMS (Ayurvedacharya),
Reg. No. 28001

7727078024
95726 95726

ORTHOCARE

- Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA

- Detoxification
- Rejuvenation
- Shirodhara, Shiro Basti
- Shiro Pichu
- Kati Basti, Prishtha Basti
- Janu Basti
- Akshi Tarpana
- Nasya
- Basti
- Abhyanga
- Swedanam

GASTOCARE

- Acidity
- Constipation
- Liver Treatment

FACILITY

- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Dr. Sikandar

BAMS (Ayurvedacharya),
Reg. No. 27589

Dr. Payal Gour

BAMS (Ayurvedacharya)
Reg. No. 28098

Dr. Alok

BAMS, PGDIP, EPMPGD Panchkarma
Reg. No. 2573

Name: Ankit Anil
W/o, D/o, S/o: Anilkumar C/o

Chief Complain

History

Menstrual History

X

Diagnosis:

Kati Shool

अष्टविध परिक्षा

स्पर्श रस

शब्द-(N)

Face (आकृति) (N)

Eye (दृष्टि) (N)

Jiwha (जिह्वा) साम

Urine (मूत्र) Regular

Stool (मल) Irregular

Nadi (वात, पित्त, कफ)

(Dash Vidha)

1. Prakruti वात पित्त

2. Vikruti वात

3. Sara महाम

4. Samhana महाम

5. Pramana महाम

6. Satmya महाम

7. Satva उदर

8. Aahar Shakti महाम

9. Vaya वात रोग

10. Vyayum Shakti उदर

- Pain in hip

- Backache

- Difficulty in walking

General Condition fair

- Bowel - irregular

- Bladder - regular

- Sleep - Normal

App. - Normal

Δ - Kati Shool

Ra

1) Dr. Shuddhi Powder 1/2 tsp रात को सोते समय
उन्होंने पानी से

2) Dr. Immune tab 1 tab - सुबह / खाने के बाद
1 tab - शाम / खाने के बाद
उन्होंने पानी से

3) Go-Flexi - 1 cap - सुबह / खाने के बाद
1 cap - शाम / खाने के बाद
उन्होंने पानी से

4) Asthi Poshak Vati 1 vati / सुबह / खाने के बाद
1 vati / शाम / खाने के बाद
उन्होंने पानी से

5) Asthi Purak Vati 1 vati / सुबह / खाने के बाद
1 vati / शाम / खाने के बाद
उन्होंने पानी से

Vitals:

B.P.: 110/70 mm Hg

Weight: 49 kg

Height: 5'

RBS: —

SHUDDHI AYURVEDA PANCHKARMA HOSPITAL

A Unit of Jeena Sikho Lifecare Ltd.

E-19, New Light Colony, Gopal Pura Mod

Under Bhaskar Flyover, Jaipur 302018

9:00 AM

NEXT CONSULTATION DATE: After 1 months (7727078024)

— Benefit — Relief pain in Hip.
— Bowel Regular.
Reduced Backache.

— Risk — Some time pain may be Increase in Hip & Back.

— Alternative — Consult Physician. Stop medicine.

Outcome — Able to walking
Relief in pain.


10/06/22

9:11 AM
SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalapura Mod
Under Bhasker Flyover, Jaipur-302018

Patient File No. JS245

Doctor Name: Dr. Adok Branch: Jaipur

DATE	B.P	SUGAR	WEIGHT	REMARKS
10/6/22	110/70 mmHg	—	49.0 kg	

CONFIDENTIAL INFORMATION

Name Ankit Anil ~~Gl + Di + S/c~~ Anil Kumar Age 12 years

Height DOB 15-10-2010 Sex: M ☒ F ☐ Occupation Study Religion Hindu

Blood Group A+ve DOM Address Kanhauli, Bishundatpur

Muzaffarpur, Bihar City Muzaffarpur State Bihar Pin Code 842002

Telephone 8051939100 E-mail ID Marital Status Unmarried

Diet Pattern Veg Addiction Habit No

Tongue (जिह्वा)



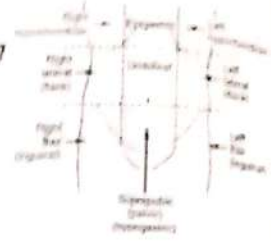
Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date	10/6/22					
	साम					
Naadi (नाड़ी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑↑					
Pitta	↑					
Kapha						
Eyes (नेत्र)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
	(N)					
Nail (नाखुर)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
	(N)					



10/06/22
9:00 AM

PATIENT'S FULL HISTORY


- सबसे पहले किस बीमारी से शुरुआत हुई थी? पहले कब कब बीमार पड़े थे?
- क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी कैम्पिकल वाली गोदियां अभी खा रहे हो? गोदियों के नाम और कितने साल से?
- आज तक कौन-कौन सी जांच करा चुके हो और क्या Diagnose हुआ था?
- अलीत में कोई ऐसा घटना घटी हो जिसका जिंदगी पर या हेल्थ पर गहरा असर पड़ा हो?



H/O - Trauma

C/O - pain in hip x 1.5 years
 - Difficulty in walking
 - Backache.
 - General condition fair
Bowel - Irregular
Bladder - regular
App. - Normal
Sleep - Normal.

Δ - Kati Shool.


 10/06/22
 9:18 AM

SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
 A Unit of Jeena Sikha Lifecare Ltd.
 E-19, New Light Colony, Gopalpura Mod
 Under Bhasker Flyover, Jaipur-302018

Family History : N/A

Surgery / Procedure History N/A

धरण / कोड़ी: ☐ Yes ☒ No

पड़ती रहती है ?

कभी कभी पड़ती है ?

CHIEF COMPLAINTS:

Symptoms	Improvement Scoring
Pain in hip X 1.5 years	
Difficulty in walking	
Back ache.	

HISTORY OF PAST ILLNESS:

Disease	Duration	Treatment / Pathy / Indication कितनी गोतियां चल रही है और कौन-कौन सी
Trauma X 2 years.		

Gynae/Obs History

X

Dashavidha Pariksha / Ashtavidha Pariksha / Sroto Pariksha (Any one):

Samanya Pariksha

Awastha

Dosha वात

Dushya रस व रक्त अक्षय Agni (मह्यम)

Rog Marg आग्निमार्ग

Sadhiya/Asadhiya

Dashvidh Pariksha

1. Prakriti (physical constitution) वात-पित्त
2. Vikriti (pathological condition) वात
3. Sara (excellence of tissues) मह्यम
4. Samhanana (body compactness) मह्यम
5. Pramana (measurements of body parts) मह्यम
6. Satmya (homologation) मह्यम
7. Sattva (mental constitution) अवर
8. Aharashakti (capacity to ingest food and capacity to digest and assimilate the food) मह्यम
9. Vyayamashakti (capacity to exercise) अवर
10. Vaya (age) बाल्यावस्था

10/06/22

SHUBHDI AYURVEDA PANCHKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalapura Mod
Under Bhasker Flyover, Jaipur-302010

10/06/22
9:00 AM

GASTROENTEROLOGY / DIGESTION / EXCRETORY SYSTEM

EXTRA DETAILS

☐ Hyperacidity ☐ Heart burn ☐ Ulcer ☐ Urine Frequency ☐ Vaginal ☐ Prostate

Pulmonary System / Cardiac System

☐ Sob ☐ Cough ☐ Chest Pain ☐ Palpitation ☐ Perspiration ☐ Murmur ☐ Others

Dermatological Examination

Musculoskeletal System

☐ Color of skin ☐ Itching ☐ Discharge ☐ Lesion Anomaly Detected

Nervous System Examination

☐ Reflexes ☐ CN Anomaly ☐ Any Hemiparesis ☐ Motor Functions

INVESTIGATION (Blood / Urine Culture)

Date	Investigation	1st Visit	2nd Visit	3rd Visit	4th Visit	5th Visit

RADIOLOGY	FINDINGS

DATE:- 10/6/22

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops / tub
① Dr. Shuddh Powder 1/2 tsp को नीले लमस के उन गुने पानी	Co-flexcap 1 cap - सुबह 1 cap - शाम खाने के बाद गुन गुने पानी से Asthi poshek - 1 वटी सुबह खाने के बाद 1 वटी शाम गुन गुने पानी से	Asthi purakanti 1 वटी / सुबह खाने के 1 वटी / शाम बाद गुन गुने पानी से
② Dr. Immune tub 1 tub सुबह खाने के बाद 1 tub शाम गुन गुने पानी से		

DATE:- 10/6/22

Churan / Powder / Kit	Tablets / Capsule	SHUBHI AYURVEDA HOSPITAL
		A Unit of Jeena Sikho Life Care Ltd. E-19, New Light Colony, Gopalpore Mod Under Bhaaker Flyover, Jaipur-302018, 6:00 AM

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE 01/6/21 MORNING TO NIGHT DIET FULL DETAILS- (Last day) 1.0 गिलास गुनगुना पानी (6.0 AM) (6.30 AM) 150ml दूध (7.0 AM दही या खिचड़ी 11.0 AM - 2 चपाती खज्जी) (3.0 PM - 1 खिरकम) 5.0 PM - 150ml दूध, 8.0 AM - 2 चपाती खज्जी
Today- 1 गिलास पानी, (100ml दूध) → 7.0 AM 8.0 - 2 चपाती खज्जी

DATE MORNING TO NIGHT DIET FULL DETAILS- (Last day) _____
Today- _____

DATE MORNING TO NIGHT DIET FULL DETAILS- (Last day) _____
Today- _____

DATE MORNING TO NIGHT DIET FULL DETAILS- (Last day) _____
Today- _____

DATE MORNING TO NIGHT DIET FULL DETAILS- (Last day) _____
Today- _____

9:00

PATIENT CONSENT FORM FOR CASE REPORTS
(मामले की रिपोर्ट के लिए रोगी की सहमति प्रपत्र)

For a patient's consent to publication of information about them in a journal

एक जर्नल में उनके बारे में जानकारी के प्रकाशन के लिए रोगी की सहमति के लिए

Name of person described in article/ लेख में वर्णित व्यक्ति का नाम Ankit Anil

Subject matter of photograph or article/ फोटोग्राफ या लेख की विषय वस्तु: _____

Title of article/ लेख का शीर्षक: _____

Medical practitioner or corresponding author/ चिकित्सा व्यवसायी या संबंधित लेखक: _____

I/ Ankit Anil [insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name]: Anil kumar, relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of research.

Or (या)

मैं / _____ [पूरा नाम डालें] इस जानकारी के लिए मैं स्वयं या मेरे बच्चे या वार्ड / मेरे रिश्तेदार [पूरा नाम डालें]: _____, एक जर्नल लेख में प्रदर्शित होने के लिए उपरोक्त विषय वस्तु ("सूचना") से संबंधित है, या अनुसंधान के उद्देश्य के लिए इस्तेमाल किया जाना है।

I understand the following/ मैं निम्नलिखित समझता हूँ:

1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

or (या)

1. सूचना मेरे नाम/बच्चे के नाम/रिश्तेदारों के नाम संलग्न किए बिना प्रकाशित की जाएगी और गुमनामी सुनिश्चित करने के लिए हर संभव प्रयास किया जाएगा। हालाँकि मैं समझता हूँ कि पूर्ण गुमनामी की गारंटी नहीं दी जा सकती है। यह संभव है कि कोई कहीं - शायद, उदाहरण के लिए, कोई व्यक्ति जो मेरी/मेरे बच्चे/रिश्तेदार की देखभाल करता हो, अगर मैं अस्पताल में था, या कोई रिश्तेदार - मेरी पहचान कर सकता है।
2. सूचना एक पत्रिका में प्रकाशित की जा सकती है जिसे दुनिया भर में पढ़ा जाता है या एक ऑनलाइन पत्रिका। पत्रिका मुख्य रूप से स्वास्थ्य देखभाल पेशेवरों के उद्देश्य से हैं, लेकिन पत्रकारों सहित कई गैर-डॉक्टरों द्वारा देखे जा सकते हैं।
3. सूचना को वेबसाइट पर डाला जा सकता है।
4. मैं ऑनलाइन प्रकाशन से पहले किसी भी समय अपनी सहमति वापस ले सकता/ सकती हूँ, लेकिन एक बार सूचना प्रकाशन के लिए प्रतिबद्ध हो जाने के बाद सहमति वापस लेना संभव नहीं होगा।

Patient Signature/ रोगी के हस्ताक्षर: Ankit Anil Date/ दिनांक: 10/06/22

Signature of requesting medical practitioner/health care worker/ अनुरोध करने वाले चिकित्सक के हस्ताक्षर

Medical Practitioner Signature/ चिकित्सा व्यवसायी के हस्ताक्षर: [Signature] Date/ दिनांक: 10/06/22



JEENA SIKHO LIFECARE LIMITED

E-19, New Light Colony, Gopal Pura Dy Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

Nutritional Assessment Form

I. Identifying Information

Full Name: Ankit Anil Date: 10/06/22
UHID No: JS24S Age: 12 Sex: M

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

Referring Clinician: Dr. Alok Kumar

Reason(s) for visit: For Back & hip pain

II. Medical History (please give full details)

- Diabetes YES/NO ✓ HBA1c.....since..... Medication
- HTN YES/NO ✓ Last recorded valuesince.....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

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, etc. or severe than: Headaches, Pain, bleeding etc)

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

If yes, what medication and what dosage

No

10/06/22
9:00 AM
SHRUTI AYURVEDA PANCHAKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalpura Road
Under Bhaskar Flyover, Jaipur-302018



Please explain about

- Appetite *Normal*
- Food habits *Just Food*
- Daily working hours *1-2/25*
- Exercise *30 min*
- Job profile *Student*
- Height *5'*
- Weight *49 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

SHUDDHI AYURVEDA PANCHKARMA HOSPITAL

A Unit of Jeena Sikho Lifecare Ltd.

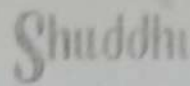
Doctor *Dr. Anil*
S18, New Light Colony, Gopalapura Mod
Under Bhacker Flyover, Jaipur-302018

10/06/22
9:00 AM

Patient Signature

Ankit Anil
10/06/22
9:1 AM





JEENA SIKHO LIFECARE LIMITED

E-19, New Light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Tower, Jaipur, Rajasthan, 302018

COVID-19 MANDATORY SELF DECLARATION

Name: Ankit Anil Date: 10/06/22
Address: Kanhai, Bishumdatpur, Muzaffarpur
Bihar, 842002
Age: 12 Y Contact Number: 8051939100 Gender: M/F M

Due to the ongoing and rapidly changing situation with the novel corona virus (COVID-19) we are requiring all patients 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"/>
Diarrhea	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? 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 Arogya Setu app? Red/Orange/Green No

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 Hospital 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 by coming or from a doctor and I will take every precaution to prevent this from happening. I will not at all hold doctor or hospital accountable if such infection occurs to me or my accompanying persons.

AYURVEDA PANCHKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalpura Road
Under Bhaskar Tower, Jaipur-302018
10/06/22
9:00AM

Ankit Anil
Signature



Shuddhi

JEENA SIKHO LIFECARE LIMITED

E-19, New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID: JS24S OPD: 24S IPD: — Date: 10/06/22
 Patient Name (रोगी का नाम): Ankit Anil Age (वय): 12 Sex (लिंग): M
 Name of W/O, D/O, S/O (पिता/पति का नाम): Anil Kumar
 Address (पता): Kanhanli, Bishundatpur, Muzaffarpur Bihar
 Phone No (फोन नं): 8051939100 Email (ईमेल): —
 Name of Doctor / डॉक्टर का नाम: Dr. Alok 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 your feedback regarding various aspects of medical care and hospitality that were extended to your stay.
 हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी और आरोग्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।
 हमें हमारे यहाँ इलाज के दौरान अनुभव किया।

S.No	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	N
1.	Do you found, Time period spent on your assessment is sufficient or not? आपको जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं?	Yes	
2.	Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया?	Yes	
3.	How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा है?	Good	
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?	Yes	
5.	Did staff treat you with dignity and respect? कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं?	Yes	
6.	How would you feel during treatment? इलाज के दौरान आपने कैसा अनुभव किया?	Good	
7.	Did you have confidence and trust in the staff? आप कर्मचारी के कार्य में भरोसा करते हैं?	Yes	
8.	What one thing would you change about the department? इस विभाग में कोई एक चीज जो आप सुधार चाहते हैं?	Yes	
Your comments / आपके सुझाव		Good	

Date: 10/06/22

Signature (MD)
SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
 A Unit of Jeena Sikho Lifecare Ltd.
 E-19, New Light Colony, Gopalpura Road
 Under Bhaskar Flyover, Jaipur-302018

Signature (MD)
Ankit Anil
 Signature (Patient/Guardian)
10/06/22
09:00 AM



VULNERABLE PATIENT CONSENT FORM

UHID JS245 OPD 245 Bed No. — Date 10/06/22

• Parental/Legal Guardian permission and consent is required for:

a 'child' - a person under the age of 12

a 'vulnerable adult' - a person aged 12 or over whose ability to protect himself or herself from neglect, abuse or violence is significantly impaired on account of disability, illness or otherwise.

Patient's Name : Ankit Anil Age 12 Y Sex M

Procedure details : NA

Address and Contact Kanhauli, Bishundatpur, Muzaffarpur
Bihar 842002. MOB-8051939100

This is consideration of the Panchkarma procedure as follows

1

2

3

with best possible outcome Able to walk

Risks some h'me Pain Increase

Alternative Stop medicine, Consult Physician


1. I hereby give permission and all necessary consent to Shuddhi Ayurveda Panchkarma Hospital Dr. Alak Kumar to and those Authorized by the Shuddhi Ayurveda Panchkarma Hospital and other relevant records to support vulnerability of Dr. Alak Kumar to record my child or the vulnerable adult in my legal charge (named below) and I agree that for educational / promotional purposes the Shuddhi Ayurveda Panchkarma Hospital may use the Recordings (in whole or in part, transcribed or otherwise) throughout the world for the full period of copyright, including all renewals, reversions, extensions and revivals of such period:

2. The information provided in this form is used for the Panchkarma procedure as described above and is managed and stored in accordance with the Indian Data Protection Act 1998 For data storage purposes, the Shuddhi Ayurveda Panchkarma Hospital may store electronically the information and Recording.

3. This Consent/Release Form shall be governed in all respects by Indian penal code law.

NAME OF CHILD or VULNERABLE ADULT: Ankit Anil

NAME OF PARENT/ LEGAL GUARDIAN: Anil Kumar


SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
A Unit of JeenaSikho Lifecare Ltd.
E-19, New Light Colony, Gopalpura Mod
Under Bhaskar Flyover, Jaipur-302018
10.06.22
9:00 AM

Pediatric Nutrition Assessment Form

Name of Child: Ankit Anil DOB: 15/10/2010 Age: 12 Y
 Name of Parents: Anil kumar
 Address: Kanhauli, Bishundatpur, Muzaffarpur, Bihar-842002
 Telephone numbers: 8051939100 Gmail: _____
 Pediatrician: Dr. Alok kumar
 Health Insurance: NA
 Referred by: Self
 Today's Date: 10/06/22

What concerns do you have about your child's diet? बच्चा पलेदार सज्जियां नहीं खाता है और टीवी देखने और गेम खेलने के कारण इसके खाना-खाने में देरी हो जाती है।

How can I help you and your child? What kind of information and support are you looking for? मैं अपने बच्चे के लिए इचित और संतुलित भोजन के महत्व के बारे में जानकारी चाहता हूँ।

Describe your child's physical activity - पह ज्यादातर इनसाइट या मोबाइल गेम खेलना और कभी-कभी साइकल चढ़ाना प्रसंग करता है।

How much time does your child spend outside per day? 1-2 घंटा

How many minutes per day is your child sitting in front of a screen? 1-2 घंटा

How many hours of sleep does your child get? 7-8 घंटा

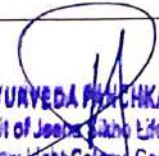
Does your child experience constipation, diarrhea, loose stool, heart burn, gas, or bloating? Difficulty swallowing? हां, कब्जा और गैस रहता है।

List foods that your child is allergic or digestively sensitive to and their reaction: नहीं।

Height 5' Current weight 49 Kg

List all medications, vitamin, mineral, and herbal supplements that he/she is taking: नहीं।

Signature


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