KRM ayurveda

Doctor / Therapist / Nurse Observation Form

Patient Name	Chand Singh	Provisional Diagnosis	Vaatvikar
Patient ID	KRM001689	Diagnosis	Sandhivat
IP No.	KAIP010		

DATE	TREATMENT / MEDICINE	DOSE	TIME	INSTRUCTIONS	DOCTOR'S NAME
17/11/22	mahayograj gugulu Sudhasaptak vati Shilajeet vati Pain oil L/A - external	2 tab 1 tab 1 tab	10 am — 10 pm 10 am — 10 pm 10 am — 10 pm 3 pm	ē water after food.	Dr. Monika.
18/11/22	mahayograj gugulu Sudhasaptak vati Shilajeet vati Pain oil L/A - external	2 tab 1 tab 1 tab	10 am — 10 pm 10 am — 10 pm 10 am — 10 pm 3 pm	"	Dr. Monika
19/11/22	mahayograj gugulu Sudhasaptak vati Shilajeet vati Pain oil L/A - external	2 tab 1 tab 1 tab	10 am — 10 pm 10 am — 10 pm 10 am — 10 pm 3 pm	"	Dr. Monika KRM AYURVEDA PVT. LTD. 77, Tarun Enclave, 2nd Floor, Gate No. 2, Parwana Road, Pitampura, New Delhi-110034
20/11/22	mahayograj gugulu Sudhasaptak vati Shilajeet vati Pain oil L/A external	2 tab 1 tab 1 tab	10 am — 10 pm 10 am — 10 am — 3 pm	"	Dr. Monika

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Doctor / Therapist / Nurse Observation Form

Patient Name: Chand Singh
Patient ID: KRM001689
IP No.: KAIP010
Provisional Diagnosis: Vaatvikar
Diagnosis: Sandhivat

DATE	TREATMENT / MEDICINE	DOSE	TIME	INSTRUCTIONS	DOCTOR'S NAME
14.11.22	Mahayograj guggulu (B.D) Sudha saptak vati (B.D) Shilajeet vati (B.D) Pain oil L/A 2 times	2 tab 1 tab 1 tab	10 am – 10 pm 10 am – 10 pm 10 am – 10 pm 1 pm	̄c water after food	Dr. Monika
15/11/22	Mahayograj guggulu (B.D) Sudha Saptak vati (B.D) Shilajeet vati (B.D) Pain oil L/A 2 times	2 tab 1 tab 1 tab	10 am – 10 pm 10 am – 10 pm 10 am – 10 pm 1 pm	̄c water ̄c after food	Dr. Monika.
16/11/22	Mahayograj guggulu (B.D) Sudhasaptak vati (B.D) Shilajeet vati (B.D) Pain oil L/A – 2 times	2 tab 1 tab 1 tab	10 am – 10 pm 10 am – 10 pm 10 am – 10 pm 1 pm	̄c water After food	Dr. Monika.

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PROGRESS NOTES

UHID No: KRM0001689 OPD No: KA0PA12 IPD No: KA1P010 BED NO./ROOM No. 1

PH No. 9971987778

DATE: 20/11/22.
TIME: 9:00 am.
B.P.: 120/90
Pulse: 74/mt
Temp.: 98°F
Pain: 2/10

Pt is oriented, stable, vitals normal.
Pain in B/L Knee relieve
Appetite (N)
Bowel (N)
Sleep (N)

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20/11/22.
3:30 pm.

BP - 138/90
Pulse - 74/mt
Temp - 98.2
Pain - 2/10

No fresh complaint,
Pt stable
follow medicine and diet as per adviced.
follow medicine prescribed on discharge papers.

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PROGRESS NOTES

UHID No: KRM0001689 OPD No: KdoP 1712 IPD No: KAIP010

PH No. 9971987778 BED NO./ROOM No. ...I.....

Mr. Chand.

Δ Diarrhea (21/10/22)

DATE: 19/11/22.
TIME: 4:00 pm.
B.P.: 140/86
Pulse: 74/mt
Temp.: 98°F
Pain: 2/10

- No fresh complaint,
- Pt is stable.
- well oriented
- Plan for discharge Tomorrow around eve. at 4pm.

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DATE: 19/11/22.
TIME: 10:00 pm
B.P.: 136/82
Pulse: 86/mt
Temp.: 98°F
Pain: 2/10

Pt. stable, oriented.
vitals normal
No fresh complaints

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PROGRESS NOTES

UHID No: KRM001689 OPD No: KAOP1712 IPD No: KAIPD10 BED NO./ROOM No. 1

PH No. 9971987778

DATE: 18/11/22
TIME: 10:30 pm.
B.P.: 133/86
Pulse: 78/mt
Temp.: 98°F
Pain: 2/10

Pt. is stable, oriented.
Vitals normal
No fresh complaints.

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DATE: 19/11/22
TIME: 9:15 am.
B.P.: 120/78
Pulse: 88/mt
Temp.: 98°F
Pain: 2/10

- Patient is Stable, oriented, no fresh complaint.
- Body stiffness relieve.
- Pain in knee relieve.
- follow the treatment.

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PROGRESS NOTES

UHID No: KRM04689 OPD No: KAOP213 IPD No: KAIP210 BED NO./ROOM No. 1

PH No. 9971987778

Mr. Chand.

Δ रक्तचाप

DATE: 18/11/22.

TIME: 9:30 AM.

B.P.: 118/70

Pulse: 84/mt

Temp.: 98°F.

Pain: 2/10

- Pt is oriented, well stable and vital (N)
- relief in Body stiffness.
- continue the treatment as per adv. Chart.

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18/11/22.

3:30 pm.

BP - 134/88

Pulse - 86/mt

Temp - 98°F

Spo2 - 99%

Pain - 2/10

- stable, oriented, vitals (N).
- no fresh complaint.

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PROGRESS NOTES

UHID No: KRM001689 OPD No: KAOP1717 IPD No: KAIP0170 BED NO./ROOM No. 1

PH No. 9971987778 Mr. chand.

A 71 वर्ष

DATE: 17/11/22
TIME: 3:15 pm
B.P.: 120/80 mmHg
Pulse: 82/min
Temp.: Afebrile
Pain: 2/10
SPO_2 – 98%.

- No fresh complaints
- Pt. feel better, stiffness reduced.
- Appetite fine
- Bowel - (N)
- follow diet & medicine as advised.

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17/11/22.
10:00 pm.

BP – 118/70
PR – 86/mt
SpO_2 – 99%
pain – 2/10

Pt. stable, oriented
Vitals normal
No fresh complaints.

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PROGRESS NOTES

UHID No: KR.M0016 OPD No: KA01712 IPD No: K.A/Pd/0 BED NO./ROOM No. 1

PH No. 9971987778

DATE:	16/11/22.
TIME:	10:pm.
B.P. :	114/82 mm Hg
Pulse :	88/min.
Temp. :	97.6° F.
Pain :	

C/o feel well, but pain remain same
- vitals stable.
- follow diet & medicine as adviced.

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DATE:	17/11/22.
TIME:	8:30 am.
B.P. :	134/88 mm Hg
Pulse :	92/min
Temp. :	98.2° F
Pain :	2/10

K/c/o - chand singh.
C/o no fresh complaint as such.
K/c feel anxiety
vitals stable
Appetite ok
Bowels clear.

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PROGRESS NOTES

UHID No: KRM0016[illegible] OPD No: KA01712- IPD No: KPIS0[illegible] BED NO./ROOM No. 1

PH No. 9971987778 Mr. Chand.

DATE: 16/11/22.
TIME: 10:00 am.
B.P.: 124/86 mm Hg
Pulse: 84/min
Temp.: 97.6°F
Pain: 3/10
SpO2 — 99%
RBS → 154 mg/dl

c/o. feel well. but feel pain remains same.
- vitals stable
- follow diet and medicine as per adviced.

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3pm
110/84 mm Hg
spo2 - 98%
bpm - 94 bpm

c/o - feeling well, stiffness & little relieved but pain remains same (intensity).
- stable vitals
- follow diet & medicine as advised

Dr. Swastika
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PROGRESS NOTES

UHID No: KRM001685 OPD No: KA/P/1712 IPD No: KA1P/10 BED NO./ROOM No. 1

PH No. 9971987778 Mr. chand.

DATE: 15/11/22.
TIME: 3:00 pm.
B.P.: 118/70 mm/Hg
Pulse: 76/min
Temp.: 97.2°F
Pain: 3/10.

- Patient stable, oriented.
- Vitals normal.
- mild relieve in stiffness
- Pain remain as such.

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DATE: 15/11/22.
TIME: 10:00 pm.
B.P.: 126/88 mm/Hg
Pulse: 78/min
Temp.: 98°F
Pain: 3/10

- Patient is oriented
- Pain @ L knee joint 7/10
- mild Relieve in Stiffness

Dabur

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PROGRESS NOTES

UHID No: KRM0089 OPD No: KAOP 1112 IPD No: KAIP010 BED NO./ROOM No. 1

PH No. 9971987778 Mr. chand.

DATE: 14/11/22.
TIME: 10.00 pm.
B.P.: 124/76 mmHg
Pulse: 76 /min
Temp.: 98°F
Pain: 3/10

Patient is stable and oriented
(moderate)
- Pain R/L knee joint 3/10.
- stiffness Body Generalized persist
Bowel movement clear

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15/11/22.
10:30 Am.

B.P- 120/74 mmHg
P - 70/min
T. - 98.2°F
Pain - 3/10

Pain - 3/10

Klelo रोटियाँ
. Patient stable, oriented, vitals normal.
. Pt. feel pain as much as starting
. stiffness - no improvement
Continue the treatment as advised in timetable

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PROGRESS NOTES

UHID No: KRMA00619 OPD No: KAOP1712 IPD No: KAIP016 BED NO./ROOM No: 1

Mr. Chand Singh PH No. 9971587778

DATE: 14/11/22
TIME: 3:30 pm

B.P.: 130/80 mmHg
Pulse: 90/min
Temp.: Afebrile (98.2°F)
Pain: (+) 3/10

Δ सन्धिवात

- Pain in B/L Knee
- Swelling on knee and ankle (con-?)
- Pain in calf
- Bodyache & body stiffness.

Adv.
Panchkarma
IPD (7 day)
(14/11/22 - 20/11/22)

Abhyangam - Dhanwantaram / sahachar / Karpasasthyadi oil (200ml.) — 30 min

Matra basti - Sahacharadi (60ml)

Patrapindpotli swed — Shashtik (? sahacharadi oil) — 30 min

Sarvang swed - Dashmooladi Kwath — 20-30 min.

Rx

Mahayograj guggulu — 0 0 — 1 — 0 0 x A/f c̄ water

Sudhasaptak vati — 1 — 0 — 1 x A/f c̄ water

Shilajeet vati — 1 — 0 — 1 A/f c̄ water

Pain oil — L/A — external — 2 times a day x 2 months

[signature]

DAILY DIET ASSESSMENT CHART

	Early Morning	Breakfast	Mid Morning	Lunch	Evening Snack	Dinner		
14/11/22	–	–	–	–	Mix Veg Soup + Paneer [illegible]	Roti + [illegible] Sabzi + Salad	[illegible]	
15/11/22	Herbal Tea + Digestive Biscuits	Vegetable Poha + 1 Glass Milk	Fruits Salad	Roti + Palak Sabzi + Arhar Dal + Salad	Dal Soup + Paneer Tikka	Roti + [illegible] Sabzi + Salad	[illegible]	
16/11/22	Herbal Tea + Digestive Biscuit	Vegetable Dalia + 1 Glass Milk	Fruits Salad	Roti + Beans Sabzi + Moong Dal + Salad	Leek Soup + [illegible]	Roti + Cabbage Curry Sabzi + Salad	[illegible]	
17/11/22	Herbal Tea + Marie [illegible] Biscuit	Vegetable Upma + 1 Glass Milk	Fruits Salad	Roti + Aloo Methi Sabzi + Masoor Dal + Salad				

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DAILY DIET ASSESSMENT FROM

Name (नाम): Mr. Chand Singh Date 14/11/22

DOA (भर्ती की तारीख): 14/11/22 OPD: KAOP/712 IPD: KAIPD/ UHID KA12001689

W/o d/o s/o(पिता/पति): Savita Age (उम्र): 46 yrs Sex (लिंग): M

Consultant Name (चिकित्सक नाम): Dr. Monika

Provisional Diagnosis(रोग निदान): Vat vikar

Confirm Diagnosis (रोग विनिदान): Sandhivat

	Advised Diet	Upadrava diet changes	Signature of Dietitian or consultant	Kitchen
Early morning	Herbal Tea + Digestive Biscuit / Marigold Biscuit	—		अर्जुन
Breakfast	1 Glass toned Milk + Moong Dal / Besan Cheela / Upma / Poha / Daliya / Oats	—		अर्जुन
Lunch	Roti + Sabji + Dal + Salad	—		अर्जुन
Afternoon	Vegetable Soup / Dal soup + Paneer-sugar	—		अर्जुन
Dinner	Roti + Sabji → Salad	—		अर्जुन
Night	—	—	—	—

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MEDICATION NAME	DOSE	ROUTE	FREQUENCY	B/F - A/F	NURSE SIGN.
Mahayograj guggulu	2 tab	oral	B·D	A/f	
sudha Saptak vati	1 tab	oral	B·D	A/f	
Shilajeet vati	1 tab	oral	B·D	A/f	
Pain oil	2 times	L/A - external	2 time	(Rg — (E)	

NURSING STAFF SIGNATURE:

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MEDICATION HISTORY AND MEDICATION ADMINISTRATION MONITORING FORM

PATIENT NAME:	Mr. Chand	AGE:	46y | M	TYPE OF PT. - OPD/IPD/DAY CARE	
UHID:	KRM001689	ADDRESS:	Rohtak, Haryana	GENDER	male
				ROOM NO.	1

WHAT MEDICATIONS BEING USED - (CHECK WITH PRESCRIPTION) - FROM WHEN BEING USED

Tab. Zerodol-SP ~ 1 month (Con - off) — now stopped

ANY NON PRESCRIBED PATIENT USING WITH DOSE AND FREQUENCY -

CURRENTLY USING	Nil
PREVIOUSLY USED	Nil

IMPACT OF MEDICINES:

NO IMPROVEMENT	—
SLIGHT IMPROVEMENT →	feel improvement in pain after medicine then again occur.
ALLERGIC	—

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DAILY MEDICATION SCHEDULE

UHID No: KRM001689 IPD No. KAIP1712 OPD No.: KAOP1712 Date: 14/11/22

Patient Name: Chand Singh Age 46 Sex M

Allergies:

Consultant: Dr. Manika DOA: 14/11/22

NAME OF DRUG	DOSE	DATE	TIME			NAME OF DRUG	DOSE	DATE	TIME		
			M	A	E				M	A	E
Mahayograj guggulu	2 tab	14/11/22	10 am		10 pm	Shilajeet vati	1 tab		10 am		10 pm
Sudhasaptak Vati	1 tab		10 am		10 pm	Pain oil L/A				1 pm	
Shilajeet vati	1 tab		10 am		10 pm	Mahayograj guggulu	2 tab	18/11/22	10 am		10 pm
Pain oil L/A				1 pm		Sudhasaptak Vati	1 tab		10 am		10 pm
						Shilajeet Vati	1 tab		10 am		10 pm
						Pain oil L/A				3 pm	
Mahayograj guggulu	2 tab	15/11/22	10 am		10 pm	Mahayograj guggulu	2 tab	19/11/22	10 am		10 pm
Sudhasaptak Vati	1 tab		10 am		10 pm	Sudhasaptak Vati	1 tab		10 am		10 pm
Shilajeet vati	1 tab		10 am		10 pm	Shilajeet Vati	1 tab		10 am		10 pm
Pain oil				1 pm		Pain oil L/A				3 pm	
Mahayograj guggulu	2 tab	16/11/22	10 am		10 pm	Mahayograj guggulu	2 tab	20/11/22	10 am	10 am	
Sudhasaptak Vati	1 tab		10 am		10 pm	Sudhasaptak Vati	1 tab		10 am		
Shilajeet vati	1 tab		10 am		10 pm	Shilajeet Vati	1 tab		10 am		
Pain oil				1 pm		Pain oil L/A				3 pm	
Mahayograj guggulu	2 tab	17/11/22	10 am		10 pm						
Sudhasaptak Vati	1 tab		10 am		10 pm						

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DAILY VITAL PAIN SCORING & DAILY FEEDBACK FORM

Patient Name : Mr. Chand Gender : M DOA : 14/11/2022 UHID No. : KRM001669

DATE	TIME	TEM.	B.P	PULSE	P.R.	PAIN	THERAPY	PATIENT FEEDBACK	PATIENT SIGN.	DOCTOR SIGN.
14/11/22	5.00	98/37 ~~126/82~~	124/80	98	90/min	3/10	Abhayanga Sarvang Swedan	Tolerable		
15/11/22	11:30	99/3	118/70	97	70/m	3/10	Abhayang / MB P.P.S	Tolerable		
16/11/22	11:30	99.5	140/89	95	65/m	3/10	Abhayanga / MB P.P.S	Tolerable		
17/11/22	11:00	99.4	144/92	89	76/m	2/10	Abhayanga / MB P.P.S	Tolerable		
18/11/22	11:30	98.3	135/90 ~~130/85~~	70	80/m	2/10	Abhayanga / MB P.P.S	Tolerable		
19/11/22	11:30	92.8	125/85	79	98/m	3/10	Abhayanga / MB P.P.S	Tolerable		
20/11/22	11:00	99.4	130/88	95	99/m	2/10	Abhayanga Sarvang Swedan	Tolerable		

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PAIN SCORING CHART

UHID No.: KRM00689 IPD No.: KAIP010 OPD No.: KAOP1712

Name: Mr. chand Age: 46 Sex: M

Consultant: Dr. Monika Date of admission: 14/11/22 - 3:30p~

BEFORE TREATMENT

S. NO.	TIME	DATE	CHECKED BY	PAIN SCORING
1.	3:30pm	14.11.22	Dr. Monika	3/10
2.	10:00 am	15.11.22	Dr. Monika	3/10
3.	10:30 am	16.11.22	Dr. Monika	3/10
4.	10:30	17.11.22	Dr. Monika	2/10
5.	10:40 am	18.11.22	Dr. Monika	2/10
6.	10:20 am	19.11.20	Dr. Monika	2/10
7.	10:20 am	20.11.20	Dr. Monika	2/10

AFTER TREATMENT

S. NO.	TIME	DATE	CHECKED BY	PAIN SCORING
1.	5:30p~	14.11.22	Dr. Monika	3/10
2.	12:30p~	15.11.22	Dr. Monika	3/10
3.	11:30pm	16/11/22	Dr. Monika	2/10
4.	12:00p~	17/11/22	Dr. Monika	2/10
5.	12:05p~	18/11/22	Dr. Monika	2/10
6.	11:50p~	19/11/22	Dr. Monika	2/10
7.	11:50p~	20/11/22	Dr. Monika.	2/10

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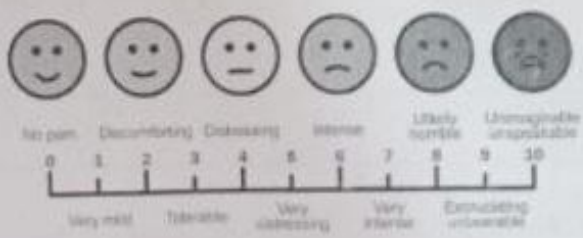

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VITALS CHART

Patient Name: Chand Singh Patient ID: KRM001689

Age: 46 Sex: M Diagnosis: Sandhi vat

Date	Time	BP mmHg	PR /min	B. Sugar RBS	SpO2	Temp. °F	Pain	Therapist Sign.
14/11/22	3:30pm	130/80	90/mt	160mg/dl	98%	98.5°F	3/10	
14/11/22	10:pm	124/76	76/mt	—	99%	98.4°F	3/10	
15/11/22	9:00	120/74	74/mt	—	98%	98.2°F	3/10	
15/11/22	3:00	118/70	76/mt	—	98%	97.2°F	3/10	
15/11/22	10:	126/88	78/mt	—	99%	98°F	3/10	
16/11/22	9:—	124/86	84/mt	154mg/dl	99%	97.6°F	3/10	
16/11/22	12:pm	140/90	—	—	—	98.1°F	3/10	
16/11/22	5:pm	127/80	80/mt		98%	98.7°F	3/10	
16/11/22	10:pm	130/82	81/mt		99%	98.2°F	2/10	
17/11/22	8:30am	124/88	98/mt		98%	98.2°F	2/10	
17/11/22	3:30	120/80	82/mt		98%	98.2°F	2/10	
18/11/22	9:00am	118/70	84/mt	138mg/dl	98%	98°F	2/10	
18/11/22	3:40pm	134/88	86/mt		99%	98°F	2/10	
19/11/22	9:15am	120/78	74/mt	120mg/dl	99%	98°F	2/10	
19/11/22	3:00pm	140/86	82/mt		99%	98°F	2/10	
20/11/22	9:15am	120/90	74/mt		99%	98°F	2/10	
20/11/22	3:30pm	138/90	82/mt		99%	98°F	2/10	

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आयुर्वेद

Yoga/Accupressure Consultation Form

Date: 14/11/22

Personal Details

Name of Patient Chand Singh Sex M

D.O.B 1/1/1977 Age 46

E-mail ID Ph. No 9991565224

Address Haryana / Rohtak

Chief Complaints Arthritis

Yoga Advise
(for no. of days) Nadishodhan, Pranayam, Bhramarahi
Katichakrasan, Paschimottansan, Kapal
Shakti Vikasat, Laughter Therapy,
Chanderbhedi, Anulomvilom

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Signature of Client

Signature of Instructor

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Patient name — Mr. chand Sing.

UHID - KRM001689

Age - 46y/M

Disease (Δ) - Sandhivat

PANCHKARMA PROCEDURE NOTE

DATE	THERAPY NOTES + DURATION /STEPS MEDICATION RELATED INSTRUCTION	POST THERAPY NOTE FOR SAMYAK / ASAMYAK SYMPTOMS	THERAPIST SIGNATURE
14/11/22	Abhyang + Swedan (30 min) + (20min) | 6 steps	Pt stable, relaxed BP - 130/80 mmHg . PR - 90/min	
15/11/22	Abhyang + PPS + MB (30min)	BP - 118/70 , Pt. stable, oriented	
16/11/22	Abhyang + PPS + MB (30	B.P - 140/90 , Pt. relaxed, stable	
17/11/22	Abhyang + PPS + MB (30	B.P - 120/80 , No fresh complaint stable	
18/11/22	Abhyang + PPS + MB (30	BP - 134/88 , Pt is well oriented	
19/11/22	Abhyang + PPS + MB (30min) (30min)	BP - 140/86 , Pt is well	
20/11/22	Abhyang + Swedan (30min) (30-20min)	BP - 138/90 , stable, relaxed .	

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Dr Sign.

22

Yogya-Ayogya for individual therapy

Date :				Dr Sign.
Treatment :	Fit	Not fit		
Abhyang + Swed.	✓			
Abhyang + PPS + MB	✓			

Additional comments:

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Doctor Signature:

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PANCHAKARMA PRE-ASSESMENT FORM

DATE: 14/11/22

Patient Name -:	Mr. Chand	UHID:	KRM 001689			
Address -:	Rohtak, Haryana	Contact No.	9991565224			
		Gender-:	Male	Age-:	46	
Date of Illness	14/11/22	Our Ref-:	-			
Consulting Dr. Details:	Dr. Monika	Date Of Initial Assessment:	14/11/22			
Height:	Weight:	BP:	130/80 mm Hg	Resprate:	18/min	
	Blood Sugar: 160 mg/dl.	TEMP:	98.2°F			
Hospital is Contact Number:	9871712050	Vaccination Status:	—			

PANCHAKARMA TREATMENTS

Days of treatment :	7 days IPD
Condition on admission :	Pain in B/L Knee Bodyache
Treatment advised :	Abhyang x 7 day Sarwang Swed x 2 day Patra pindpotli swed x 5 day Matra Basti x 5 day

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PATIENT CARE PLAN

Patient Name: Mr. chand. Singh

Patient ID: KRM001689

IP No

Provisional Diagnosis: Vaatvikar

Diagnosis: Sandhivat

Treatment Goals & Objectives:
- To reduce pain and swelling (mild-on-off)
- To improve range of movement
- To correct bone health.

Complications and their management: Abhyang - Pain inc. in starting — apply dashang lep. | Swedan — Pitta inc — dec. the dura
- Pattrapind potli sued → burn/rashes — shatadhoutghrit application — Rat cold bu
- Matrabasti → Nausea/vomiting —

Treatment planned - Treatment planner attached:

Individual progress - Relief matrix and Pain assesment chart attached

Preventive & Promotive aspects:
- follow yoga and diet guidliness
- avoid exertion
- avoid long standing & sitting.

Curative aspects: As per prescription (Shaman Aushadhis)

Rehabilitative aspects: Post Panchkarma guidelines and Yoga chart attached

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Dr. Signature

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PROCEDURE CARE PLAN

UHID No KRM 00683 OPD No KAOP 1712 Bed No / Room No 1 Date 14/11/22

Patient's Name (रोगी का नाम) Mr. Chand Singh

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

Date (दिनांक) 14/11/22 Age (उम्र) 46y Sex (लिंग) M.

Procedure Perform (प्रक्रिया) Panchtasima.

Provisional Diagnosis (रोग निदान) Vaat vikar

Final Diagnosis (रोग निदान) Sandhi vat

Doctor Name (चिकित्सक का नाम) Dr. Monika

Therapist Name (थेरेपिस्ट का नाम) Manmohan

Details of Therapy :

- Abhyangam - Dhanwantram (200ml) - 30 min (Sandhikarma oil)
- Sarvang Seedan - Dashmooladi Kwath - 20-30 min
- Patrapindpotli Sved - Shastrokt (Sandhikarma oil) (100ml) - 30 min.
- Matra Basti - Lakshadi oil (60ml)

x 7 day.

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Doctor's Name (चिकित्सक का नाम) Dr. Monika

Date (दिनांक) 14.11.22

Signature (हस्ताक्षर)

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Patient Name: Mr. Chand Singh.
Age: 46 y
UHID No: KRM001689 Sex M

उपचार परिवर्तन सहमति पत्र

मैं Chand Singh मेरे चिकित्सकीय परामर्श के दौरान मुझे अपनी चिकित्सा की अवधि और सम्मिलित पंचकर्म चिकित्सा कर्म के बारे में अवगत कराया गया है। तथा मुझे बताया गया है कि चिकित्सा क्रम में मेरे शरीर की प्रतिक्रिया के अनुसार कुछ परिवर्तन किये जा सकते है जिससे चिकित्सा की पूर्ण टकम में भी कुछ परिवर्तन हो सकता है।

मैं सहमति पत्र पट लिखी हर बात से सहमत हु जिसे मैं हस्ताक्षर से सत्यापित करता हु

Treatment Change Consent Form

I Chand Singh state that I have been explained about the treatment duration, tentative treatment planner, and the required changes in the same (considering my response to treatment) during my consultation. I am well aware that with the slight changes in the treatments, the bills can also vary. I fully comprehend what is written in this consent form and thus put my signature below.

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रोगी के हस्ताक्षर
Signature of Patient

गवाह हस्ताक्षर
Signature of Witness

11. Shirodhara :- Reduces fatigue , soothing brain cell, mental relief , good for hair

Risk :- No side effect

- Precaution oil does not enter in eyes or ears , during process

12. Swedan :- Nadi- (Local area)- Relief pain ,stiffness bring softness improve circulation

Sarwang :- Relief pain ,stiffness bring softness improve circulation

Risk :- Nadi - Burn at that particular area

Sarwang - Increase , B.P, Too Much sweating, ghabrahat

If symptoms arise, stop Tx & consult a doctor.

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Benefits and Risk of Procedure (Panchkarma)

1. Nasya :- Boost and cleansing nervous system , sinus

   Risk - No side effect, might feel irritation, in nose and throat

2. Vaman :- Induce to eliminate cough that cause excess mucous increase digestion metabolism

   Risk:- B.P Fall, faint ,bloody vomitus

3. Basti :- Pradhan Karma ,it is used to treat vata rog

   Risk :- Severe bloating, obstruction, fainting

4. Virechan :- effective especially in case of eliminating pitta

   Risk :- Low B.P, Faint , dehyderation

5. Abhyangam :- Relives pain, calms nerves, promote better sleep etc.

   Risk:- No side effect, might feel slight increase in body temperature

6. Patrapind potli Swed :- Relief from stambhan, sheeta , gaurva etc

   Risk :- Mightfeel rashes , itching on body.

7. Matra Basti :- best for vatvyadhi , vatashamak, rasayan,

   Risk:- Might feel loose stool , urges for stool ,

8. Shasti shalipind swed :- Improve Muscle strength, provide immunity rejuvenates, nutritious

   Risk : - Might feel chills shivering

9. Vrishya Basti :- Dhatu poshan , rejuvenates

   Risk :- No Risk yet , Might feel heaviness in body

10. Pidichnil : Rejuvenates and strengthen the body , remove fatigue , reduce body pain

    Risk:- Might feel increase in body temperature, chill etc

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PANCHKARMA CONSENT (पंचकर्म सहमति)

UHID No. KRM001689 OPD No. KAOP1712 Bed No./Room No. 1 Date 14/11/22

Patient Name (रोगी का नाम) Mr. Chand. Age(उम्र) 46y Sex(लिंग) M

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

Address & Phone No. (पता एवं फोन नं.) Rohtak (Hr.)

DOA (भर्ती की तिथि) 14/11/22 TOA (भर्ती का समय) 3:00 pm.

Treatment Abhyayang / Mava Basti / Patrapindsved / Lamoang Swedan.

Treatment Benefits (उपचार के लाभ) Abhyang → feel relaxed, remove stiffness,

Risk (जोखिम) might feel pain during starting

Alternative (विकल्प) Immediate stop the treatment, Inform to doctor

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

हमें हमारी थैरेपी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।
जैसे :-

- [ ] Fever (बुखार आना)
- [ ] Tenderness in abdomen (पेट में भारीपन)
- [ ] Backache (कमर में दर्द)
- [x] Increase pain (दर्द में वृद्धि)
- [ ] Decrease B.P (बी.पी कम होना)
- [ ] Tingling sensation (झनझनाहट)
- [x] Tenderness (अकड़न)
- [ ] Numbness (सुन्नपन)
- [ ] Vomiting (उल्टी)
- [ ] Loose motion (दस्त)

After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform. 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 in the procedure clearly. I have been explained about the details of Procedure, in case of any emergency and further referral to any higher center, the required expenses in that case will be paid by me. I had read about the clauses clearly and giving my concern for the procedure mention about

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी के बारे में पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णत: जिम्मेदारी मेरी स्वयं की होगी। मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णत: बता दिया है। जिसमें आने वाले उपद्रवों के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े अस्पताल में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वहन करना होगा। मैं अस्पताल के सारे नियम व कानून पढ़ चुका/चुकी हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

- Doctor's Signature (डॉक्टर के हस्ताक्षर) Dr. Monika
- Patient's Signature (रोगी के हस्ताक्षर)

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OBSERVATION CHART FOR VASTI

Name of Patient: Mr. Chand
Diagnosis: Sandhivaat
Patient ID
IP No.

Observation during and after Vasti	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date- 15/11/22 Time- 3:30pm	Date- 16/11/22 Time- 4 pm	Date- 17/11/22 Time- 3:30pm	Date- 18/11/22 Time- 3:30pm	Date- 19/11/22 Time- 3:30pm	Date- Time-	Date- Time-
Therapist	Manmohan	Manmohan	Manmohan	Manmohan	Manmohan		
Therapy Room	1						
Type of Vasti	Matra Basti	Matra Basti	Matra Basti	Matra Basti	Matra Basti		
Could be administered (Yes/No)	YES	Yes	Yes	Yes	Yes		
Holding time (Sec. / Min. / Hrs.)	6 hr	8 hr	8 hr	8 hr	6 hr		
Total No. of Vega's							
Content: Fecal matter / Medicine / Phlegam Blood / Mixed	Fecal matter + Medicine	Fecal matter + medicine	Fecal matter + medicine	Fecal matter + medicine	Fecal matter + medicine		
Colour - White / Yellow / Red / Black / Green	Yellow	Yellow	Yellow	Yellow	Yellow		
Complications : Headache / Anal Pain / Giddyness / Bloating / Stomachache etc.							
Feeling of patient Tired / Lightness / Heavyness / Headache	Lightness	Lightness	Lightness	Lightness	Lightness		
Sign of Attending Physician with date and time	15/11/22	16/11/22	17/11/22	18/11/22	19/11/22		

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Treatment Timetable

S. No.: 25

Date: 14/11/22.

Patient Name: Mr. Chand.

Duration: 7 days

Day/Date	Treatment	Price	Comments/Instructions from Doctor
14/11/22	Abhyang + Swedan	1650/-	Abhyangam – Sandhi Kalpa oil / [illegible] – (200ml)
15/11/22	Abhyang + Patrapind potli Swed + Matra Basti	3,100/-	Sarvang Swedan – Dashmooladi Kwath – 20-30 min
16/11/22	Abhyang + Patrapind potli Swed + Matra Basti	3,100/-	Patrapind potli Swed – Prabhakar + Sandhi Kalpa oil (100 ml) – [illegible]
17/11/22	Abhyang + Patrapind potli Swed + Matra Basti	3,100/-	Matra Basti – Sahachradi oil – 60 ml × 7 day
18/11/22	Abhyang + Patrapind potli Swed + Matra Basti	3,100/-	
19/11/22	Abhyang + Patrapind potli Swed + Matra Basti	3,100/-	
20/11/22	Abhyang + Swedan.	1650/-	
		18,800/-	KRM AYURVEDA PVT. LTD. 77, Tahin [illegible] 2nd Floor, Gate No. [illegible] Road, Pitampura, [illegible] Delhi-110034

Note: This treatment timetable is a guideline and is subject to change on your response to the treatment or any instructions from the doctor

Poor | Not possible | L | R

Pain Score

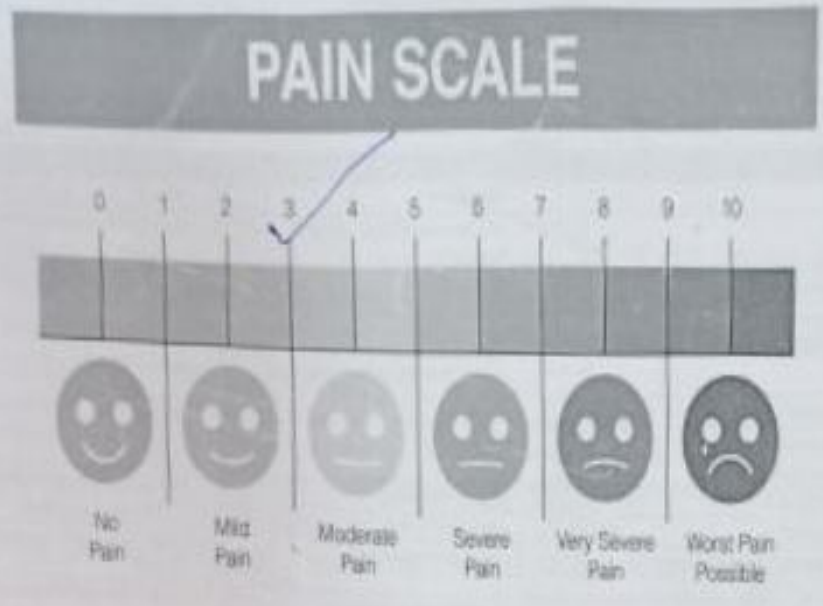
Functional Evaluation:

Balance disorders

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

Coordination

UPPER LIMBS	Good		Poor		Note: This tr...
	L	R	L	R	L R
LOWER LIMBS	Good		Poor		N/A possible
	L	R	L	R	L R
Comments:					



Next Follow Plan: F/U/a 2 months.

Next Follow Date

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Prakurti Chart Form

UHID No. KRM0001689 OPD No. KAOP/17/2 DATE 14/11/22

Visually add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind body type.

MENTAL PROFILE	VATA	PITTA	KAPHA
Mental activity	Quick mind restless	Sharp intellect aggressive	Calm stead stable
Memory	Short-term best	Good general memory	Long -term best
Thoughts	Constantly changing	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 relationship , 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 low	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)	Saver 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

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

1. Warm and hot water for drinking.
2. Hot water for bathing.
3. Avoid day sleep.
4. Avoid awakening in night.
5. Pass natural urges (urine & stools) before Panchkarma treatments.
6. Don't suppress natural urges.
7. Don't do excessive workout exercise
8. Don't expose to clod air of hot sun.
9. Avoid stress and strain during treatment.
10. Don't travel on vehicles immediately after treatment.
11. Immediately after traveling or exercise should be not taking and panchkarma treatment.
12. Avoid coitus during treatment period.
13. Take proper rest during and after treatment.
14. During treatment patient should be kept on light and hot diet.

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Terms & Conditions

1. I have opted on my own for admission into this Hospital and will pay the bills as Hospital rules and
2. The management reserves the right to admit or discharge the case amendment /modify rules, regulations 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 Hospital accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone, electricity and air conditioning failure etc.
4. Patients are advising not be bring any valuable or any jewelry or any other luggage with them Hospital also advised to deposit the surplus cash with the Hospital and get a receipt. The Hospital 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 is not accepted.
7. I am getting admitted on basis at KRM Ayurveda at my own and I am ready for the medical system treatment. I am giving my concern after understanding benefit and outcome of treatment the information given by me are absolutely correct.

नियम व शर्तें

1. मैंने इस अस्पताल में प्रवेश के लिए अपना खुद का चयन किया है और अस्पताल के नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा /करूँगी |
2. 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 |
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 कोई देयता स्वीकार नहीं करता है | अस्पताल स्ट्राइक, लॉक आउट, वॉटर , टेलीफोन ,बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई जिम्मेदारी स्वीकार नहीं करता है
4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य सामान ना लाएं | अगर अधिक नगदी है तो अस्पताल में जमा करने की भी सलाह दी | अस्पताल के साथ उनके अतिशेष नगद और एक रसीद प्राप्त करें | अतः अस्पताल किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा |
5. रिसेप्शन पर लिखित में सुझाव/शिकायतें दी जा सकती है |
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि | चेक नहीं लिया जाता है
7. मैं अपनी मर्जी से के. आर. एम आयुर्वेदा में भर्ती हो रहा/रही हूँ | मैं तैयार हूँ मेरे 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 रहा/रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णतः सही है |

Dated (दिनांक) 14/11/22 Relationship of Patient (रोगी से सम्बंध) Brother

Signature (हस्ताक्षर) Witness(गवाही)

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[illegible], Pitampura, New Delhi-110034

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ADMISSION FORM (प्रवेश फार्म)

UHID No. KRM00689 IPD No. KAIP010 OPD No. KAOP1712 Bed No./Room No. 1 Date 14/11/2

Patient Name (रोगी का नाम) Mr. Chand Singh Age(उम्र) 46y Sex(लिंग) M

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

Address & Phone No. (पता एवं फोन नं.) Rohtak (Hr.)

DOA (भर्ती की तिथि) 14/11/22 TOA (भर्ती का समय) 3:00 Pm

DOD (छुट्टी की तिथि) 20/11/22 TOD (छुट्टी का समय) 4:00 Pm

Treatment (प्रक्रिया) Abhyang/ Sarwang Swedan/ Patra pindpoti Swed/ Mahanarayan Sandhivat

Diagnosis (रोग निश्चय)

Doctor In charge (संचालक उपचारक) Dr. Monika

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

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

Dated (दिनांक) 14/11/22 Witness (प्रत्यक्षी) [signature]

Signature (हस्ताक्षर) [signature] Relationship of Patient (रोगी से सम्बंध) Brother

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KRM ayurveda

मरीज का नाम: Mr. Chand Singh

उम्र 464 लिंग M

UHID NO: KRM01689 Date: 14.11.22

सामान्य सहमति पत्र

चिकित्सक ने मुझे मेरे मरीज की गंभीर स्थिति के बारे में संपूर्ण जानकारी दी है। तथा उससे संबंधित खतरों के बारे में मुझे अवगत करवाया है। सभी स्थिति को समझते हुए मैं सभी आवश्यक जांचों की अनुमति देता/देती हूं। अस्पताल के सभी नियमों और खर्चों से मुझे अवगत कराया गया है और मैं सभी नियमों के पालन में अपनी सहमति प्रदान करता/करती हूं। आगे किसी भी स्थिति एवं अप्रिय घटना के लिए मैं स्वयं जिम्मेदार रहूँगा/रहूंगी, इसमें अस्पताल और चिकित्सक की कोई जिम्मेदारी नहीं होगी।

General consent form

I have been informed well about the health status and associated consequences of my patient by the medical team of KRM Ayurveda. I provide my affirmation for all the necessary investigations and treatments required for the patient. I am also well aware of the bills and tariffs-related expenses and agree to obey the hospital guidelines under any circumstances. The medical team will not be held responsible for any untoward incidents at the KRM Ayurveda Hospital.

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मरीज़ के परिजन के हस्ताक्षर
Signature of Attendant

मरीज़ के हस्ताक्षर
Signature of Patient

KRM Ayurveda Pvt. Ltd.

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CHARGES CONSENT FORM

Name (नाम): Mr. Chand Singh DOA (भर्ती की तारीख): 14/11/22

Age (उम्र) 46 Sex (लिंग) M UHID No. KRM001689 OPD No. KAOP1112 IPD No: KA12010

W/O, S/O, D/O (पिता/पति): Sarita Day Panchkarma: 7 day

Consultant Name (चिकित्सक नाम): Dr. Monika

Provisional Diagnosis(रोग निश्चय) Vaatvikar

Confirm Diagnosis (रोग विनिश्चय): Sandhivat

1. Procedure details (प्रक्रिया विवरण) Abhyang/Sarvang Sved./Patra pindsvedi Sved/ Mäler Basti

2. IPD Charges (आई.पी.डी.) 31,500/-

3. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) Dr. Monika

4. Nursing charges (नर्सिंग शुल्क) —

5. Package Charges Procedure wise -

A: Panchkarma Procedure for 7 Days - 18,800/-

B:

C:

D:

E:

6. Doctor Fees (चिकित्सक शुल्क) 500/-

7. Medicine (approx) costing : —

8. Consumable (approx) charges : 2000/-

9. Accessory (approx) charges : 1,000/-

Diet Charges (आहार शुल्क) : Included in Stay Charges.

Total Estimated Package Rs 50,300/-

Patient Signature

Receptionist Signature

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FEEDBACK FORM (प्रतिक्रिया फॉर्म)

Date: 14/11/22

UHID No.: KRM001689 OPD No.: KAOP 1712

Patient Name (रोगी का नाम): Chand Singh Age (उम्र): 46 Sex (लिंग): M

Name of W/O, D/O, S/O (पिता/पति का नाम): S/o Babu Chand

Address (पता): Rohtak/HR

Phone No (फोन नं.): 9991565224 Email (ईमेल): —

Name of Doctor /डॉक्टर का नाम: Dr Monika

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 नही 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.	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	✓	
7.	What one thing would you change about the department? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		✓
Your comments / आपके सुझाव			

Date: 14/11/22

Signature (Hospital Authority)

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Signature (MD/MS)

Signature (Patient/Guardian)

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COVID-19 MANDATORY SELF DECLARATION

Date 14/11/22

Name Chand Singh. Age 46 Gender :M/F M.

Address Rohtak / HR.

Contact Number 9991 565 214

Due to the on going and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the KRM Ayurveda 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?
- 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 here by 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 from the Hospital or form a doctor and I will take every precaution to prevent this from happening But I will not at all hold Doctors and Hospital staff accountable if such infection occurs to me or my accompanying persons.

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Patient Signature

Please explain about

- Appetite : (N)
- Food habits : Veg + Non Veg.
- Daily working hours : 8 hrs.
- Exercise : moderate
- Job profile : Business.
- Height : 5'10"
- Weight : 78 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	Patient Signature
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NUTRITIONAL ASSESSMENT FORM

I. Identifying Information

Full Name: Mr. Chand Singh Date: 14/6/2022

UHID No.: KRMD01689 OPD No.: KAOP1712 Age: 46 Sex: M

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

Referring Clinician: —

Reason(s) for visit: Pain in Knee.

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: - —

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 —

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 —

(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

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अष्टविध परीक्षा (ASTA - VIDHA PARIKSHA)

NADI :	Vaat-Pitta	90 /min.	DRIK :	~~सौम्य~~ वैकृत
MUTRA :	अनावील, Samyak		AKRITI :	सम
MALA :	Prakrit			
JIHWA :	विषम			
SHABDA :	स्पष्ट			
SPARSHA :	शीतशीत उष्ण			

दशविध परीक्षा (DASHA - VIDHA PARIKSHA)

PRAKRITI :	Vaat-Pitta
VIKRITI :	Prakriti Sam Samvet
SARA :	Madhyama
SAMHANANA :	Madhyama
PRAMANA :	Madhyam
SATMYA :	Sarva Ras
SATVA :	Madhyam
AHARA SHAKTI :	Madhyam
VAYA :	Yuva avastha
VYAYAMASHAKTI :	Madhyama

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DOCTOR SIGNATURE:

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INITIAL ASSESSMENT FORM

Date: 14/11/22

Patient Name -:	Mr. Chand Singh		UHID :	KRM001689	
Address -:	Rohtak, Haryana.		Contact No.	9991565224	
Date of Illness			Gender-:	Male	Age-: 46y
Consulting Dr. Details :	Dr. Monika		Our Ref-:		
Height :			Date Of Initial Assessment :	14/11/22	
	Weight :	BP : 130/80 mmHg	Resprate :	18/min.	
	Blood Sugar : 160 mg/dl	TEMP : 98.2°F			
Hospital is Contact Number :	9871712050		Vaccination Status :	Covishield.	

Patient 's Medical History:

- Pain in B/L Knee x 3 months
- Swelling on Knee and ankle (on-off) x 3 months
- Pain in calf } 3 months
- Bodyache }
- Body stiffness - 3 months.

History of injury:

No H/o Injury.

Current Physical findings:

- mild swelling on B/L knee and ankle
- Crepts (+) (R >> L)

Is treatment required? If yes treatment programme required, goal and number of sessions required

OPD Medication /IPD/Day Care/No Treatment(Referral)

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KRM ayurveda

NAADI

V ↑↑ P ↑↑↑ K ↑

DIAGNOSIS

Vitiated

CHIKITSA SUTRA

Deepan/ Paachan/ Rechan/ Rechan/ Anulomana
Shodhighan/ Asthipusti

SPECIFIC ADVICE / PROCEDURE

Follow diet & yoga.

Rx

- Mahayograj guggulu 00 — 00 / A/f x twice
- Sudha Saptak Vati o — o / c water
- Shilajeet vati o — o
- Pain oil 4N - external - twice a day.

x 2months.

F/u after 2 month.

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URINE

WNL

Frequency D - 2-5 times N - 1 time Colour — Associated with (N) Other —

EYES

(WNL) all. to eye use lenses.

Pallor

Icterus ☐ Mild ☐ Moderate ☐ Severe

☐ Mild ☐ Moderate ☐ Severe

Vision 2.50 Other —

SLEEP

mild disturbed

Duration 5-6 hr. Intensity of Disturbance — Sleeping Pills — Other —

MIND

Anxiety / Depression / Short temper / Mood swings / Negative thoughts / Stress / Restless / Phobia

Sattva Rajasic Other

Diet - Veg / Non Veg / Mixed Veg + non-veg

Allergic Reactions —

Food — Medicines — Other —

ADDICTION HABITS

Tea / Coffee / Tobacco / Alcohol / Smoking / Paan / Others Smoking.

MENSTRUAL HISTORY (Female patient)

Duration of cycle: No. of days of flow / Interval between two cycle

Pain Discharge Flow Smell

Any Medication Other Days

OBS. HISTORY (Female-married patient only)

G P A L Mode of delive: C-Section / Normal

Patient Local Examinations

mild Swelling on B/L Knees. and on ankle. except (+) (R >> L)

INVESTIGATION DETAILS

No reports

Advice → X-ray PP Lat.

PAST MEDICAL HISTORY

	History	Duration	Taking Medicine	Current Status
HTN	Yes/NO		Yes/NO	
DM	Yes/NO	NAD	Yes/NO	
Thyroid (Hypo/Hyper)	Yes/NO		Yes/NO	
TB/Typhoid/Jaundice	Yes/NO		Yes/NO	
Others	Yes/NO		Yes/NO	

Family History

Treatment History (Surgery/Medication)

SYSTEMIC EXAMINATION

BOWELS

Vega / Frequency 1 / 2-4 day (N)

Consistency
- ☐ Hard
- ☐ Soft
- ☐ Loose
- ☐ Normal
- ☐ Mucoid

Associated with
- ☐ Urgency
- ☐ Pain
- ☐ Bleeding
- ☐ Burning Sensation

Evacuation
- ☐ Complete
- ☐ Incomplete

Colour

Others

Taking Laxatives
- ☐ Yes
- ☐ No

GAS

Intensity ☐ Mild (N) ☐ Moderate ☐ Severe

Passes with ease / Passes with difficulty / Bloating / Burps

Any medication for Gastritis

ACIDITY

Intensity ☐ Mild (N) ☐ Moderate ☐ Severe

After food / Before food / Always

Any medication for Acidity

Heart burn / Acid reflux / Sour blenching / Other

APPETITE AND DIGESTION

Do you feel hungry	Yes	No
Do you feel lightness before the next meal	Yes	No

TONGUE

☐ Coated ☐ Uncoated (N)

Taste Perception

Colour pinkish Other

KRM ayurveda

IP020 - KA2P010

PATIENT ID KRM001657

DATE 14/11/22

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Patient Information Form

Name Mr. Chand Singh

Age 46y/M Marital Status Married ☑ Single ☐ Sex M ☑ F ☐

Address Chandiana

City Rohtak State Haryana Pin Code 1

Telephone 9991565224 E-mail ID -

Occupation ~~Job~~ Business Height 5'6" Weight 78 Referred by/Found us -

Vaccination Status Vaccinated Vaccine Name Covishield.

S.No.	Chief Complaints	Duration
1	Pain in B/L Knee	> 3 month.
2	Swelling on knee and ankle (on B/L)	
3	Pain in calf.	
4	Bodyache	
5	Body stiffness	
6		
7		
8		

Other Complaints -

History of Present Illness (Specific History): Pt is suffering from above said complaints from 3 month. He feel pain in B/L Knee, pain in calf, Bodyache, Body stiffness. He took many allopathic med. but came here for further suggestion required.

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- Abhyangam - Dhanwantharam (Sandhi Karma oil) (Room) - 30 min
- Mātra Basti - Saha charadi (60ml) -
- Pala pinda sweda - Rasnadi (Sandhi Karma oil, Room) - 30 min
- Sarvanga Sweda → Dashamoolādi Kwatha - 20-30 min
- follow diet as per diet chart. X 7 day

Benefits of treatment
→ relieve in pain

Risk → tenderness, pain might inc. during starting.

Alternative → stop treatment, inform to doctor give symptomatically treatment.

Outcome → reduction, pain, swelling stiffness improvement in joint mobility.

Dr. MONIKA YADAV
BAMS
Regd. No. DBCP/A/8353

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(A unit of KRM Ayurveda)

Dr. Puneet B.A.M.S. (DU)
5th Generation in Ayurved
Regd. No.- DBCP/A/7990

Dr. Monika BAMS Regd. No. DBCP/A/8353
Dr. Nikhil BAMS Regd. No. DBCP/A/7203
Dr. Neha BAMS Regd. No. DBCP/A/9339
Dr. Krutika BAMS Regd. No. DBCP/A/9604

KHOP1712
UHID KRM001682 Name Mr. Chand Singh / Rohtak / 9991565224 Age/Sex 46y/M Dated 14/11/22
IPD ID - KAIP010

Chief compaints with Duration
- Pain in B/L Knee × 3 month.
- Swelling on Knee and ankle
- Pain in calf (on-off)
- + Bodyache

Rx

Appetite - (N)
Bowel - (N)
Urine - (N)

H/O
Body & Stress
No H/o HTN, DM.

O/E
B.P. 130/80 mmHg.
P.R. 90/min
SPO2 99%.
Temp Afebrile (98.2°F)
wt - 78 kg.

Provisional/Final Diagnosis
सं० वात

℞
- Mahayograj guggulu
  00 ——— 00 x A/f c water
- Pain oil
  4A — external — 2 times a day
- Sudha saptak vati
  0 ——— 0 x A/f c water
- Shilajeet vati
  0 ——— 0 x A/f c water

} 2 months

Advice
No reports available.

Adv. X-ray
AP - lat - view

Adv. panchkarma for 7 day (IPD.)
(14/11/22 to 20/11/22)

(Dr. Monika)

Dr. MONIKA YADAV
BAMS
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