



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 04/COP9F, G: Reviewed medical records were evident for non documentation of pre- procedural, procedural, post – procedural notes

- We are sharing a complete patient file with notes mentioning the procedures prior to patient transfer along with pre/post care plan

[Signature]
10/7/22
JEENA SIKHO LIFECARE LTD.
E-19, NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)

UHD NO - JS341 OPD NO 341

Dr. Rahul Sharma
BAMS (Ayurvedacharya),
Reg. No. 28001

Dr. Sikandar
BAMS (Ayurvedacharya),
Reg. No. 27589

Dr. Payal Gour
BAMS (Ayurvedacharya),
Reg. No. 28098

Dr. Alok
BAMS, PGDIP, EPMPGD Panchkarma
Reg. No. 2573

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

Name: Mohit pokharna
W/o, D/o, S/o: Kirshmaul pokharna
Chief Complain
History

Hypothyroidism x 2 years
(Menstrual History)

α

Diagnosis:

Sandhi vaat
अष्टविध परिक्षा

स्पर्श रूक्ष

शब्द (N)

Face (आकृति) (N)

Eye (दृष्टि) अणुभूत

Jiwha (जिह्वा) साम

Urine (मूत्र) Irregular

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. Salva अवर
8. Aahar Shakti अवर
9. Vaya महाम
10. Vyayam Shakti अवर

Vitals:

B.P.: 110/70 mmHg

Weight: 45.0 kg

Height: 4'10"

RBS.: 120 mg/dl

AGE: 28 SEX: M

DATE: 18/7/22

TIME: 12:00 PM

C/O - B/L knee joint pain
- stiffness
- swelling in both knee
- Hypoguescidity
- Constipation
- Generalised weakness

APP - ↓↓

Sleep. Normal

Bowel - Irregular

Bladder - Irregular

Δ - Sandhi vaat
* * *

★ Abhyangam 100ml/day
(45 min) x 5 days

Swedana 15 min x 5 days

Jamu, Basti 200ml/day
(40 min) x 5 days

Rx: Dr. Shuddhi powder 1/2 tsp रात की सोते समय गुनगुने पानी से

2) Go-flexi cap 1 cap सुबह 1 cap शाम खाने के बाद गुनगुने पानी से

3) Chandar vati 1 वटी सुबह 1 वटी शाम खाने के बाद गुनगुने पानी से

4) Divya Thyri - 1 cap सुबह 1 cap शाम खाने के बाद गुनगुने पानी से

SHUDDHI AYURVEDA PANCHKARMA HOSPITAL

A Unit of Jeena Sikho Lifecare Ltd

E-19, New Light Colony, Gopalpura Mod

Under Bhaskar Flyover, Jaipur-302012

NEXT CONSULTATION DATE: After 15 days (7727078024)

→ Benefits :- Reduced Pain & stiffness
Reduced swelling
Relief in Hypergas acidity & constipation.

→ Risks :- Pain may increase for some time.

- BP increase

- Alternative :- stop therapy & consult doctor.

→ Outcome :- - Reduced B/L knee joints Pain & swelling.

- Relief in Hypergas acidity & constipation.



22/07/22

2 PM

JEENA SIKHO LIFECARE LTD.

E-19, NEW LIGHT COLONY

UNDER BHASKAR FLYOVER

JAIPUR-302018 (RANASTHAN)

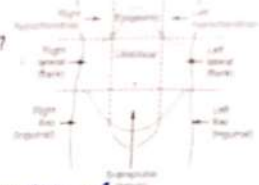
Branch: Taipur

CONFIDENTIAL INFORMATION

This is not valid for medico legal purpose. There is no guarantee in health and medical profession.

PATIENT'S FULL HISTORY

- सबसे पहले किस बीमारी से शुरूआत 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 कैमिकल वाली गोशियां अभी खा रहे हैं? गोशियों के नाम और कितने साल से?
- आज तक कौन-कौन सी जांच करा चुके हो और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका ज़िंदगी पर या हेल्थ पर गहरा असर पड़ा हो?



H/O - Hypothyroidism x 2 years

C/O B/L knee joint pain & stiffness
Swelling in both knee.
Hyperacidity
Constipation
Generalised weakness
x 6 years.


App. ↓↓

Sleep - normal

Bowel - irregular

Bladder - irregular

Δ - Sandhi Vata


18/07/22
11:00 AM

SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalpur, Mod
Hater Bhasker Flyover, Jaipur-302018

ly History : N/S

gery / Procedure History NA

ण / कौड़ी: ☐ Yes ☒ No

पड़ती रहती है ?

कभी कभी पड़ती है ?

CHIEF COMPLAINTS :

Symptoms

Improvement Scoring

B/L knee joint pain & stiffness

Swelling in both knee.

Hyperacidity

Constipation

Generalised weakness

X 6 years

HISTORY OF PAST ILLNESS :

Disease

Duration

Treatment / Pathy / Indication कितनी गोतिवां चल रही है और कौन-कौन सी

Hypothyroidism X 2 years

Thyroxin 50mg. (mcg)

Gynaec/Obs History

X

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

Samanya Pariksha

Dosha वात

Dushya रक्त, ओष्णि, Agni, मंडू

Awastha चक्षुः

Rog Marg आग्नान्तर

Sadhiya/Asadhiya कृच्छ्र, साध्य

Dashvidh Pariksha

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

18/07/22

11:00 AM



GASTROENTEROLOGY / DIGESTION / EXCRETORY SYSTEM

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

Pulmonary System / Cardiac System

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

Dermatological Examination

☐ Color of skin ☐ Itching ☐ Discharge ☐ Lesion

Musculoskeletal System

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
15/7/22	TSH	7.6				

RADIOLOGY

FINDINGS

DATE:- 18/7/22

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops / Cap
1) Dr. Shuddhi Powder 1/2 tsp रात को सोते समय गुनगुने पानी में	2) Co-Flaxi 1 Cap- सुबह 1 Cap- शाम खमे के बाद गुनगुने पानी में	4) Divya Thyro 1 Cap- सुबह 1 Cap शाम खाने के बाद गुनगुने पानी में
	3) Chandar Vati 1 वटी- सुबह 1 वटी- शाम	

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

SHUDDHI AYURVEDA PANCHANGA
A Unit of Jaans Sikha Life Care Ltd.
E-19, New Light Colony, Gopapura
Under Bhaskar Flyover, Jaipur-302016

18/07/22
11:00 AM



Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE	<p>MORNING TO NIGHT DIET FULL DETAILS- (Last day) <u>7am - 1 glass water, 7:30am - Tea + Biscuits, 9am - Branthe + Nankin / Aachan, 1pm - 2 Roti bhree + veg + Chack, 4pm - Tea, 8pm - 2 Roti + veg, 10pm - Milk</u></p> <p>Today- <u>5am - 1 glass water, 5:30am - Tea + Toast</u></p>
DATE	<p>MORNING TO NIGHT DIET FULL DETAILS- (Last day) _____</p> <p>Today- _____</p>
DATE	<p>MORNING TO NIGHT DIET FULL DETAILS- (Last day) _____</p> <p>Today- _____</p>
DATE	<p>MORNING TO NIGHT DIET FULL DETAILS- (Last day) _____</p> <p>Today- _____</p>
DATE	<p>MORNING TO NIGHT DIET FULL DETAILS- (Last day) _____</p> <p>Today- _____</p>

JEENA SIKHO LIFE CARE LTD.
E-19, NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)

18/07/22

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 _____

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/ Moliti Pokharna [insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name]: _____, 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/ Moliti Pokharna [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 है, 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: _____

Date/ दिनांक: 18/07/22

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

Medical Practitioner Signature/ चिकित्सा व्यवसायी के हस्ताक्षर

JEENA SIKHO LIFECARE LTD.
F-19, NEW LIGHTS, GATEWAY
UNDER BRASKAR FLYOVER
RAJASTHAN-302018 (RAJASTHAN)

JEENA SIKHO LIFECARE LIMITED

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

Nutritional Assessment Form

I. Identifying Information

Full Name: Mohit Pokharina Date: 18/07/22
UHID No: JS341 Age: 28 Sex: MEthnicity: Hindu ☒ Muslim ☐ Christian ☐ Sikh ☐ Jain ☐ Tribe ☐ Other: ☐Referring Clinician: Dr. AlokReason(s) for visit: for 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 -

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 Thyroxin 50mcg


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

Please explain about

- Appetite ↓↓
- Food habits : Junk food
- Daily working hours 8 hrs
- Exercise : 15 min
- Job profile : Business
- Height : 4'6
- Weight : 49.0 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

18/7/22
JEENA SIKHOLIFECARE LTD.
E-19, NEW LIGHT COCONY
UNDER BHASKAR PLYOVER
JAIPUR-302018

Patient Signature

18/7/22





JEENA SIKHO LIFECARE LIMITED

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

COVID-19 MANDATORY SELF DECLARATION

Name: Mohit Pokharna Date: 18/11/2020
Address: IPS College Bhilwara Road Gopal Pura Bhilwara
Age: 28 Contact Number: 9887-225386 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 Jeena Sikho Lifecare Limited, Hospital 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

Vaccinated

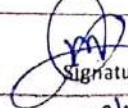
Kindly share your status of Aarogya Setu app? Red/Orange/Green.

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

If I am an asymptomatic carrier or an undiagnosed patient with covid-19, I know it may endanger doctors and 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 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.


JEENA SIKHO LIFECARE LTD.
E-19 NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)
18/11/2020


Signature
18/11/2020





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: JS341 OPD: 341 IPD: — Date: 18/07/22

Patient Name (रोगी का नाम) Mohit Pokharna Age (उम्र) 28 Sex (लिंग) M
Name of W/O, D/O, S/O (पिता/पति का नाम) Krishan Lal Pokharna
Address (पता) IPS College Bhilwara Road Gulab Pura Bhilwara
Phone No (फोन नं.) 9887225388 Email (ईमेल)
Name of Doctor /डॉक्टर का नाम: Dr. Alek

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 देगे तो हमें आपकी चिकित्सा, देखभाल और अतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।

जो हमारे वहाँ 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 ?	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 गुनते हैं ?	Yes	
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 ?	Nothing	
Your comments / आपके सुझाव			

Date: 18/07/22

Signature (Hospital Authority)

11:00 AM
JEENA SIKHO LIFECARE LTD.
E-19, NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018

Signature (MD/MS)

Signature (Patient/Guardian)

18/07/22

11:00 AM





JEENA SIKHO LIFECARE LIMITED

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

CHARGES CONCERN FORM

Name (नाम): Mohit Pokharna DOA (भर्ती की तारीख): 18/07/22

Age (उम्र): 28 Sex (लिंग): M UHID: JS341 OPD: 341 IPD: —

W/O, S/O, D/O (पिता/पति): Krishan Lal Pokharna Day Panchkarma: 5 days

Consultant Name (चिकित्सक नाम): Dr. Alok

Provisional Diagnosis (रोग निश्चय): Sandhivacet

Confirm Diagnosis (रोग विनिश्चय): Sandhivacet

1. Procedure details (प्रक्रिया विवरण): Abhyangam + Steam (Swedana), Janu Basti

2. IPD Charges (आई.पी.डी.) —

3. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) 500/-

4. Nursing charges (नर्सिंग शुल्क) —

5. Package Charges Procedure wise

A: Abhyangam = 2000 X 4 = 8000/-

B: Swedana = 15000 X 4 = 60000/-

C: Janu Basti = 2000 X 4 = 8000/-

D: —

E: —

6. Doctor Fees (चिकित्सक शुल्क) —

7. Medicine (approx) costing: 5800/-

8. Consumable (approx) charges: —

9. Accessory (approx) charges: —

10. Diet Charges (आहार शुल्क): —

27800/-

Total Estimated Package Rs. Twenty-seven thousand eight hundred only

Patient Signature

[Signature]
18/7/22

Receptionist Signature

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



Shuddhi

JEENA SIKHO LIFECARE LIMITED

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

ADMISSION FORM (प्रवेश फार्म)

UHID JS341 IPD — Bed No. — Date 18/7/22

Patient Name (रोगी का नाम) Mohit Pokharna Age (उम्र) 28 Sex (लिंग) M

Name of W/O, D/O, S/O (पिता/पति का नाम) Krishan Lal Pokharna

Address & Phone No. (पता एवं फोन नं.) IPS College Bhilwara Road
Crulab Pura Bhilwara

DOA (भर्ती की तिथि) 18/7/22 TOA (भर्ती का समय) 11:00 Am

DOD (छुटी की तिथि) 22/7/22 TOD (छुटी का समय) 9:00 pm

Treatment (प्रक्रिया) Abhyangam, Swedana, Janu Basti

Diagnosis (रोग निश्चय) Sandhivriet

Doctor In charge (संचालक उपचारक) Dr. Alok

Result ☐

Cured/Relived ☒

Left Against Medical Advice ☐

Investigation Only ☐

Discharge Request ☐

Expired ☐

Payment: - CASH ☒ TPA Name/No. — Govt. Insurance. —

Dated (दिनांक) 18/7/22

Witness (प्रत्यक्षी) —

Signature (हस्ताक्षर) [Signature]

Relationship of Patient (रोगी से सम्बन्ध) self

18/07/22
JEENA SIKHO LIFECARE LTD.
E-19, NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)



Terms & Conditions


1. I have opted on my own for admission into this Hospital and will pay the bills as Hospital rules and regulations.
2. The management reserves the right to admit or discharge the case amendment /modify rules, regulation and the charges without notice or assigning any reason there of.
3. The facilities provided in the room are maintained in working order but any failure in their functioning does not affect the charge and the management accepts no liability for the same the 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 / privzte insurance/ cheque 's is not accepted.
7. I am getting admitted on basis at Jeena Sikho Lifecare Limited 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

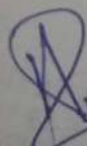
1. मैंने इस अस्पताल में प्रवेश के लिए अपना खुद का चयन किया है और अस्पताल के नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा /करूँगी।
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी कारण को असाइन करता।
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती हैं 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 समान ना लाएं। अगर अधिक नगदी है तो अस्पताल में जमा करने की भी सलाह दी। अस्पताल के साथ उनके अधिशेष नगद और एक रसीद प्राप्त करें। अतः अस्पताल किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा।
5. रिसेप्शन पर लिखित में सुझाव/शिकायते दी जा सकती है।
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए / निजी बीमा / सरकारी बीमा आदि। चैक नहीं लिया जाता है।
7. मैं अपनी गर्जी से जीना सीखो लाइफकेयर लिमिटेड 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).....18/7/22.....

Relationship of Patient (रोगी से सम्बन्ध).....self.....

Signature (हस्ताक्षर)..........

Witness(प्रत्यक्षी)..........

**JEENA SIKHO LIFECARE LTD.**
18/10 NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
RAIPUR-804008 (JHARKHAND)



JEENA SIKHO LIFECARE LIMITED

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

UHID JS341 OPD 341 Room No. Date

GENERAL CONSENT

I, Mohit Pokharna W/o, S/o, D/o Krishan Lal Pokharna
R/O IPS College Bhilwara Road Bulab Pura Bhilwara
Date of Admission 18/7/2022 Age 28 Sex M

Has been clearly explained about the Procedure Abhyangam, Swedana, Janu Bashi
By Dr. Alok

It has been clearly explained about the complications and other impacts of procedure by the doctor clearly
in my own language. I have been explained about the expenses for the procedure clearly. I have been
explained about the procedure and in case of any emergency or further referral to any higher centre,
the required expenses in that case will be paid by me. I am giving my consent for the procedure mentioned above.

I, Mohit Pokharna पिता/पति का नाम Krishan Lal Pokharna IPS College Bhilwara Road/
Bulab Pura Bhilwara (दिनांक) 18/07/22 उम्र 28 लिंग M

हैं मुझे भुझ पर होने वाली प्रक्रिया (थेरेपी) के बारे में पूर्णतः बता दिया है। नियमों को जानने वाले रूप में
को बार से को मुझे सही भाषा में बताया गया है। यदि किसी भी थेरेपी के दौरान कोई अप्रत्याशित स्थिति में मुझे किसी दूसरे बड़े अस्पताल में
एवं क्लीनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लीनिक के सारे नियम व कानून पढ़ चुका/चुकी हूँ एवं
मुझे बताया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

Patient's Name (रोगी का नाम) Mohit Pokharna

Signature (हस्ताक्षर)

Date (दिनांक) 18/7/22

Place (स्थान) Shuddhi Hiims Jaipur

Witness (प्रत्यक्षी)

Doctor's Name (चिकित्सक नाम) Dr. Alok

JEENA SIKHO LIFECARE LTD.
Signature (हस्ताक्षर) E-19, NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)

Date (दिनांक) 18/07/22

11:00AM



Prakurti Chart Form

UHID JS341 IPD BED NO DATE 18/07/22

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

	VATA	PITTA	KAPHA
MENTAL PROFILE			
Mental activity	<input checked="" type="checkbox"/> Quick mind restless	<input type="checkbox"/> Sharp intellect aggressive	<input type="checkbox"/> Calm steady stable
Memory	<input type="checkbox"/> Short-term best	<input type="checkbox"/> Good general memory	<input type="checkbox"/> Long-term best
Thoughts	<input type="checkbox"/> Constantly changing	<input type="checkbox"/> Fairly steady	<input type="checkbox"/> Steady stable fixed
Concentration	<input type="checkbox"/> Short-term focus best	<input checked="" type="checkbox"/> Better than average mental concentration	<input type="checkbox"/> Good ability for long term focus
Ability to learn	<input checked="" type="checkbox"/> Quick grasp of learning	<input type="checkbox"/> Medium to moderate grasp	<input type="checkbox"/> Slow to learn
Dreams	<input 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 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 type="checkbox"/> Low pitch
Mental profile			
Eating speed	<input type="checkbox"/> Quick	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Slow
Hunger level	<input 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 type="checkbox"/> Slow and steady
Giving/donation	<input type="checkbox"/> Gives small amounts	<input type="checkbox"/> Gives nothing or large amount infrequently	<input type="checkbox"/> Gives regularly and generously
Relationships	<input type="checkbox"/> Many casual	<input type="checkbox"/> Intense	<input type="checkbox"/> Long and deep
Sex drive	<input type="checkbox"/> Variable or low	<input checked="" type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Strong
Works best	<input 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 checked="" type="checkbox"/> Medium	<input checked="" type="checkbox"/> Slow to get excited
Finances	<input type="checkbox"/> Doesn't save spends quickly	<input type="checkbox"/> (Save but big heat)	<input type="checkbox"/> Save regularly accumulates wealth
Friendship	<input 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 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 cold 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.

18/07/22
JEENA SIKHO LIFECARE LTD.
E-19, NEW CHANDOLY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)





JEENA SIKHO LIFECARE LIMITED

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

PANCHKARMA CONSENT (पंचकर्म सहमति)

UHID JS.341 IPD..... Bed No..... Date 18/12/22

Patient Name (रोगी का नाम) Mohit Pokharna
 Name of W/O, D/O, S/O (पिता/पति का नाम) Krishan Lal Pokharna
 Address & Phone No. (पता एवं फोन नं.) IPS College Bhilwara Road Kurlab Pura Bhilwara
 DOA (भर्ती की तिथि) 18/12 TOA (भर्ती का समय) 11:00 AM Age (उम्र) 28 Sex (लिंग) M

Treatment Benefits (उपचार के लाभ) Abhyangam - Reduced Pain & stiffness
 Risk (जोखिम) Some time Redness and Rashes on Skin due to hot oil
 Alternative (विकल्प) Apply Jatyendi oil

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

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 :-

- | | |
|--|---|
| <input type="checkbox"/> Fever (बुखार आना) | <input type="checkbox"/> Tingling sensation (झनझनाहट) |
| <input checked="" type="checkbox"/> Tenderness in abdomen (पेट में भारीपन) | <input type="checkbox"/> Tenderness (अकड़न) |
| <input checked="" type="checkbox"/> Backache (कमर में दर्द) | <input type="checkbox"/> Numbness (सुन्नपन) |
| <input type="checkbox"/> Increase pain (दर्द में वृद्धि) | <input type="checkbox"/> Vomiting (उल्टी) |
| <input type="checkbox"/> Decrease B.P (बी.पी कम होना) | <input type="checkbox"/> 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 स्वतः अपनी इच्छानुसार अपनी होनी वाली थैरेपी के बारे में पूर्णतः जात होने के पश्चात इन्हे कारन के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयं की होगी। मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः 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 मुझे वहाँ पर भर्ती करवाना होगा। मैं अस्पताल के सारे नियम व कानून पढ़ चुका/चुकी हूँ एवं मुझे बता दिया गया है।

Doctor's Signature (डाक्टर के हस्ताक्षर)..... Patient's Signature (रोगी के हस्ताक्षर).....

Swedan - Benefits - Reduced Joint stiffness & Pain
 Risk - Some time pain and stiffness increase
Some time B.P high

Alternative - Stop Steam and Consult Doctor

Janu, Basti - Benefit - Reduced Pain & stiffness
 Risk - Some time pain may be increase
Alternative - Stop therapy consult doctor



JEENA SIKHO LIFECARE LIMITED

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

UHID JS341

OPD

341

Room No.

Date 18/7/22

PROCEDURE CARE PLAN

Patient's Name (रोगी का नाम) Mohit Pokharna

Father's/Husband's Name (पिता/पति का नाम) Krishan Lal Pokharna

Date (दिनांक) 18/7/22 Age (वय) 28 Sex (लिंग) M

Procedure Perform (प्रक्रिया) Abhyangam, Swedana (Steam), Janu Basti

Provisional Diagnosis (रोग निश्चय) Sandhi Vata

Final Diagnosis (रोग विनिश्चय) Sandhi Vata

Doctor Name (चिकित्सक नाम) Dr. Alok

Therapist Name (उपचारक नाम) Manish

Details of Therapy 1) Pre procedure

- Abhyangam & mahanarayana oil (100ml/day) x 5 days (45min)
- Swedana & Dashmool Kwath (15min)

2) Procedure - Janu Basti & mahanarayana oil (200ml/day) x 5 days (40min)

Doctor's Name (चिकित्सक नाम) Dr. Alok

Date (दिनांक) 18/7/22

Signature (हस्ताक्षर) JEENA SIKHO LIFECARE LTD.

11:00 AM



Shuddhi

JEENA SIKHO LIFECARE LIMITED

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

DISCHARGE FORM (छुट्टी फॉर्म)

UHID: JS341 IPD: — Bed No: — Date: 22/07/22

Patient's Name (रोगी का नाम) Mohit Pokharna Age (उम्र) 28 Sex (लिंग) M

W/o, S/o, D/o (पिता/पति) Krishan Lal Pokharna

Address (पता) IPS College Bhilwara Road Brulab flyover Bhilwara

DOA (भर्ती की तिथि) 18/07/22 TOA (भर्ती का समय) 11:00 AM

DOD (छुट्टी की तिथि) 22/07/22 TOD (छुट्टी का समय) 2:00 PM

Chief Consultant (मुख्य चिकित्सक) Dr. Alok

CHIEF COMPLAINT AND HISTORY (मुख्य तक्रार एवं उसका वृत्तान्त) B/L knee joints Pain & stiffness - swelling in both knee

Past Medical History (पुर्ना चिकित्सा वृत्तान्त) Hypothyroidism

Family History (कुटुंब वृत्तान्त) N/S

Admission Pain Scale - 3/10

VITA PARAMETERS

- B.P 112/74 mmHg
- PULSE 76 bpm
- SUGAR —
- WEIGHT 48 kg
- HEIGHT 4'6"
- MENSTRUAL HISTORY X

ASTHA STHANA

- PARIKSHA
- NADI वात, पित्त
- MALA Sam
- MUTRA Irregular
- JIWHA Sam
- SHABDA (N)
- SPARSHA स्पर्श
- AKRUTI (N)
- DRIKA अपाकृत

DASH VIDHA PARIKSHA

- PRAKRUTI वात, पित्त
- VIKRUTI वात
- SARA महजम
- SAMHANA महजम
- PRAMANA महजम
- SATMYA महजम
- SATVA अवत
- AGNI अवत
- VAYA महजम
- VYAYAM SHAKTI अवत

DISCHARGE TIME PAIN SCALE:

2/10

22/07/22

2:00 PM

JEENA SIKHO LIFECARE LTD.
E 19, NEW LIGHT COLONY
BHASKAR FLYOVER
302018 (RAJASTHAN)



INVESTIGATION

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृत्तान्त)

Sandhu Vaat | - Abhyangam
- swedana
- Janu Basti

DIET ADVISE ON DISCHARGE (आहार निर्देश) As per diet chart

CONDITION AT THE TIME OF DISCHARGE

Home ☒ Dead ☐ Referred ☐ Lama ☐

Follow up (दोबारा कब आना है) After 15 days

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)

PH No. 7727078024

A) If Pain Increases

B)

C)

2. Medicine After Diseases (औषधि लुट्टी के बाद)

1 Dr. Shuddhi Powder $\frac{1}{2}$ tsp रात को सोते समय गुनगुने पानी से

2) Go-Flexi Cap $\frac{1 \text{ cap}}{1 \text{ cap}}$ सुबह खाने के बाद शाम गुनगुने पानी से

3) Chandrar Vati $\frac{1 \text{ vati}}{1 \text{ vati}}$ सुबह खाने के बाद शाम गुनगुने पानी से

4) Divya Thyro Cap - $\frac{1 \text{ cap}}{1 \text{ cap}}$ सुबह खाने के बाद शाम गुनगुने पानी से

Doctor Name Dr. Alok

Doctor's Signature

Date 22/07/22

2.0pm

JEPNA SIKH CLINICAL LTD.
E-19, NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)





UHD: JS341

OPD: 341

Room No.

PH No. 7727078024

PROGRESS NOTES

Case seen By- Dr. Alok

DATE: 18/07/22

TIME: 11:30 AM

Before therapy

B.P.: 110/70 mm Hg

Pulse: 72 bpm

Temp.: 97.6 °F

Pain: 3/10

H/O - Hypothyroidism

C/O - B/L knee joints Pain & stiffness

- swelling in both knee

- Hypergastric-acidity

- Constipation

- gen. weakness

App - ↓↓

Sleep - Normal

Bowel - Irregular

Bladder - Irregular

Adv -> Abhyangam & Mahanarayana oil
(45 min, 100ml/day)

-> Swedana & Dashmoal Kwath (15 min)

-> Janu Basti & Mahanarayana oil
(40 min, 200ml/day)

Dr. Alok Kumar

BAMS (Ayurvedacharya)

Reg. No. 2573

Shuddhi Ayurveda - Panchkarma Hospital, Jaipur

18/07/22
11:30 AM



JEENA SIKHO LIFECARE LIMITED

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



UHID: JS341

OPD: 341

Room No. _____

PH No. 7727078024

After therapy

PROGRESS NOTES

DATE: 18/07/22

TIME: 1:30 PM

B.P.: 100/60 mmHg

Pulse: 72 bpm

Temp.: 97.8°F

Pain: 3/10

Case seen By - Dr. Alok

H/O - Hypothyroidism

- All complaints are stable
- vitals are stable
- No fresh complaints
- Gen. condition fair

Adv → continue same therapy
follow diet

18/07/22

1:30 PM

Dr. Alok Kumar
BAMS (Ayurvedacharya)
Reg. No. 2573
Shuddhi Ayurveda Panchkarma Hospital, Jaipur

Before therapy

DATE: 19/07/22

TIME: 10:00 AM

B.P.: 110/72 mmHg

Pulse: 82 bpm

Temp.: 98.2°F

Pain: 3/10

Case seen By - Dr. Alok

- H/O - Hypothyroidism
- All complaints are stable
- vitals are stable
- No fresh complaints
- Gen. condition fair
- Bowel clear
- sound sleep

Adv - continue same therapy
- follow diet

Dr. Alok Kumar
BAMS (Ayurvedacharya)
Reg. No. 2573
Shuddhi Ayurveda Panchkarma Hospital, Jaipur

10:00 AM





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Room No.

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PROGRESS NOTES

After therapy

DATE: 19/07/22

TIME: 12 PM

B.P.: 108/68

Pulse: 76 bpm

Temp: 97.7°F

Pain: 3/10

C/S/B - Dr. Alok

- H/O - Hypothyroidism
- All complaints are stable
- No fresh complaints
- vitals are stable

Adm → Continue same therapy
- Follow diet.

Dr. Alok Kumar
BAMS (Ayurvedacharya)
Reg. No. 2573
Shuddhi Ayurveda Panchkarma Hospital, Jaipur

19/07/22
12 PM

Before therapy

Date - 20/07/22

Time - 11:00 AM

BP - 110/68 mmHg

Pulse - 72 bpm

Temp - 98.1°F

Pain - 3/10

C/S/B - Dr. Alok

H/O - Hypothyroidism

- All complaints are stable
- No fresh complaints
- vitals are stable
- gen. condition fair
- Bowel clear
- sound sleep

Adm → Continue same treatment
- Follow diet

Dr. Alok Kumar
BAMS (Ayurvedacharya)
Reg. No. 2573
Shuddhi Ayurveda Panchkarma Hospital, Jaipur

20/07/22
11:00 AM





JEENA SIKHO LIFECARE LIMITED

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

UHID: JS.341

OPD: 341

Room No. —

PH No. 7727078024

PROGRESS NOTES

After Therapy

DATE: 20/07/22

TIME: 1:00 PM

B.P.: 114/68 mmHg

Pulse: 82 bpm

Temp.: 98.2°F

Pain: 2/10


Dr. Alok Kumar
BAMS (Ayurvedacharya)
Reg. No. 2573
Shuddhi Ayurveda Panchkarma Hospital, Jaipur

Before Therapy

DATE: 21/07/22


TIME: 10 AM

B.P.: 110/70 mmHg

Pulse: 78 bpm

Temp.: 97.5°F

Pain: 2/10


Dr. Alok Kumar
BAMS (Ayurvedacharya)
Reg. No. 2573
Shuddhi Ayurveda Panchkarma Hospital, Jaipur

Case seen By - Dr. Alok

H/O - Hypothyroidism

- Mild Relief in B/L knee joints Pain & stiffness
- Reduced swelling in both knee
- Relief in gas, Acidity.
- Bowel clear
- No fresh complaints

Adv. → Continue same treatment
Follow diet

C/S/B - Dr. Alok

H/O - Hypothyroidism

- Mild Relief in B/L knee joints Pain & stiffness.
- Reduced swelling in both knee
- Relief in gas, Acidity
- Bowel clear
- No fresh complaints
- Vitals are stable.

Adv. → Continue same therapy, follow diet

Shuddhi

JEENA SIKHO LIFECARE LIMITED



UNIT JS341

OPD 341

Room No

CD No 1127070023

PROGRESS NOTES

After therapy Case Seen by Dr. Rahul

DATE: 21/7/22

TIME: 12.15 PM

B.P. 120/70 mmHg Clo - pt feel better

Pulse 80 bpm

Temp 97.2°F

Pain 2/10

H/O - Hypothyroidism

- No - fresh complaints
- Vitals are stable.
- General condition fair.

Adv - Continue same treatment
- Follow diet
- Rest.

Dr. Rahul Sharma
21/7/22
BAMS (Ayurvedacharya)
Reg. No. 28001
Shuddhi Jeena Sikho Lifecare Hospital, Jaipur

Before therapy

DATE 22/7/22

TIME: 10.30 AM

B.P. 115/70 mmHg Clo

Pulse 78 bpm

Temp 97.2°F

Pain 2/10

Case Seen by Dr. Rahul
H/O - Hypothyroidism

- Relief in B/L knee joint pain & stiffness
- Reduced Swelling in both knee
 - Relief in gas acidity
 - Bowel clear
 - No - fresh complaints
 - Vitals are stable.

Adv. - Continue same treatment
Follow, Diet
Rest,

Dr. Rahul Sharma
22/7/22
BAMS (Ayurvedacharya)
Reg. No. 28001
Shuddhi Jeena Sikho Lifecare Hospital, Jaipur



Shuddhi
JEENA SIKHO LIFECARE LIMITED



PHOTO JS341

341

Room No

7727078024

PROGRESS NOTES

After therapy

DATE: 22/7/22

TIME: 12:15 pm

B.P. 110/70 mmHg

Pulse 80 bpm

Temp. 97.4°F

Pain: 2/10

X Case seen by Dr. Rahul X

H/O - Hypothyroidism

C/O - pt feel better

- No fresh complaints
- Vitals are stable
- General condition fair

- * Adv - Stop therapy
- Continue medicine
 - Follow diet
 - Do yoga meditation.
- Rest

Pt discharge today

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain:

Dr. Sharma

22/7/22

12:15 pm

Dr. Rahul Sharma

BAMS (Ayurvedacharya)

Reg. No. 28001

Shuddhi Ayurveda Panchkarma Hospital, Jaipur