PARAMANAND AYURVEDA PANCHKARMA HOSPITAL

Plot no-2, A-block Gopal Nagar, Near Prem Nursery Bus Stand Main
Dhansa Road, Najafgarh, New Delhi - 110043

Name : Amarjeet Age 25 Sex M

UHID No PA0656 OPD 757 IPD — Date 19/11/22

MRD File Check List

S. NO.	Documents Name	Yes	No
1	Prescription	✓	
2	Initial Assessment form	✓	
3	Nutritional Assessment form	✓	
4	Covid19 Mandatory self Declaration	✓	
5	Feedback form	✓	
6	Charges concern form	✓	
7	Admission and Discharge form	✓	
8	Prakurti chart	✓	
9	General consent	✓	
10	Panchkarma consent	✓	
11	procedure care plan	✓	
12	Discharge summary	✓	
13	Vital chart		
14	Pain Score chart		
15	Daily Medication Schedule	+	
16	Vital, pain Scoring & Daily feed back form	✓	
17	Daily diet Assessment		
18	Progress notes	✓	
19	Payment slip	+	
20	Final bill	✓	
21	Signature, Date, Time, Stamp	✓	
22	Addhar card		
23	Uhid Number	✓	
24	Opd number	✓	
25	Ipd number	+	
26	Pediatric Assessment form(if the age of the patient is less than 12 years)		
27	Vulnerable care form (if the age of the patient is more than 60 years)	19/11/22	
28	Test Report		X

Paramanand Ayurveda Panchkarma Hospital
Plot No 2 Main Dhansa Road A-Block
Gopal Nagar Najafgarh New Delhi-110043

Sign of MRD in charge

Paramanand Ayurveda Panchkarma Hospital
(Unit of Parmanand Ayurveda PVT LTD)

Plot No. 2,Block-A, Gopal Nagar, near Prem Nursery, Main Dhansa Road, Najafgarh, New Delhi 110043
Web; www.Parmanandayurveda.com
Ph.:, 9990005395, 9990004674

Dr. Shwetambari Thakur
B.A.M.S, PGDP
Reg.No :- I-66545-A

Dr. Suman Bhainsora
B.A.M.S
Reg.no:- UK 5382

Our Expertise:
- Psoriasis,Eczema
- Digestive problems
- PCOD,PCOS
- Joints pain
- Rheumatoid,Arthritis
- Back pain
- Sinisitis,Allergies
- Paralysis
- Infertility(male&female)
- Piles
- Leucorrhoea
- Migraine
- Hair fall,Dandruff
- Fibroids/Cysts
- Spondylitis, Back pain
- Child Immunity
- Dry eyes
- Vericose vein
- Obesity

Panchkarma
- Vaman
- Virechan
- Basti
- Nasyam
- Raktmokshan
- Keralian panchkarma
- Shirodhara
- Detoxfication

Facilities
- Beds for Admission
- Fully Equipped panchkarma room
- Ayurvedic Medicine

OPD timings 9:00am to 6:30 pm
Follow up:-
Not valid for medico legal case

Name Mr. Amarjeet **Age/Sex** 28yrs/M **Date/time** 8/11/22 **Mb-** 830 775609

UHID No - PA0656 **OPD-** 757 **IPD-** — **Bed** —

BP - 122/80 mmHg
Weight - 80kg
Height - 5'8"
Respiration- 18/min
Temp - 96°F
Pallor - not +vt
pulse - 78/pm

C/O
- Pain & irritation in throat × 1½ mo
- Itching in both eyes × 1 month
- Nausea in morning frequently

Rx
- व्योषादि वटी 2 Tab TDS
- दशमूलकटुकादि क्वाथ 2 tab BD
- लक्ष्मी विलास रस 2 tab BD
- अमृतो त्तम क्वाथ 2 tab BD
- दशमूल हरीतकी – 1 चम्मच
- महिषाक्षादि तैल

4A

× 1 month

08/11/2022

Panchkarma Advice :-
→ Nasyam ē
Anu taila for 7 days

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★ गिलोय + तुलसी
फाड़ कर रात को पीये।

सियाटिका, गठिया, मधुमेहआदिजीर्णएवंकृच्छ साध्यरोगोंकाविशिष्टचिकित्सास्थल।

★ आमरी, अनुलोम विलोम, शाम्भवी मुद्रा, वज्र मुद्रा

Mgmt: Nasyam ē Anu taili for 3 days

Benefits: → Relief in symptoms
→ Improvement in Condition of Pt

Risk: Irritation in throat sometimes

Alternative: Cycle ē Lute mein water

Outcome: Improvement in Condition of Pt.

18/11/2022

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INITIAL ASSESSMENT FORM

DATE: 18/11/22 UHID: PA0656 OPD: 754

PATIENT NAME: Amarjeet S/D/W: Kapoori Singh PHONE No: 8307756084

PATIENT HISTORY:

ADDRESS (Province-District): Jhajhar Haryana

PATIENT AGE: 25		F	M	Diagnosis: Sinusitis (Shiro roga & Pinas)
1.	Civil Status	Single	Married	Number of children: —
4.	History of the trauma/illness	Date:		Circumstances/Etiology:
	Associated diseases:			
5.	Medical History/Treatment	Hospital:		Care:
	Evolution since the beginning	Improved	Worse	Remarks:
	Medication: Allopathic, Ayurvedic, Homeopathic			X-ray/Other ex:

	VATA		PITTA		KAPHA
MENTAL PROFILE					
Mental activity	☑	Quick mind restless	☐	Sharp intellect aggressive	☐ Claim stead stable
Memory	☑	Short-term best	☐	Good general memory	☐ Long–term best
Thoughts	☑	Constantly charging	☐	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 relations, 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 law	☐	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)	☐ Save 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

Remarks:

Date	18/11/22

Diet (As Per Patient Already Taking)

Breakfast	Lunch	Dinner	Night
7-9 am Paratha + dry fruits (Skips) sometimes	11-12 pm Roti + Sabzi + Milk	7:00 pm Roti + Sabji + milk	—

PANCHKARMA TREATMENT PLAN	
POORVA KARMA	
Days Medicine	Mukhabhyang & mukh swedan for 15 minutes
Risk, Benefits	Red hot rashes if pt's skin is sensitive Relaxation of muscles of pt
Next follow up advice	
Next follow up date	
PRADHA KARMA	
Days Medicine	Nasya Karma ē Anu taila in both nostrils
Risk, Benefits	Irritation in throat Relief in symptoms & improvement in condition of pt
Next follow up advice	
Next follow up date	
PASCHAT KARMA	
Days Medicine	Dhoompan in both nostrils
Risk, Benefits	Irritation in nasal mucosa Removes remaining Kapha dosha

Pain Score

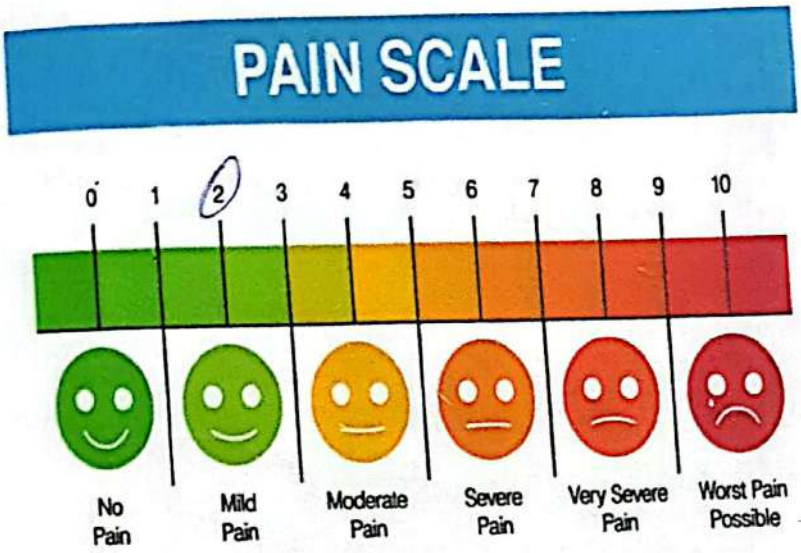
Functional Evaluation:

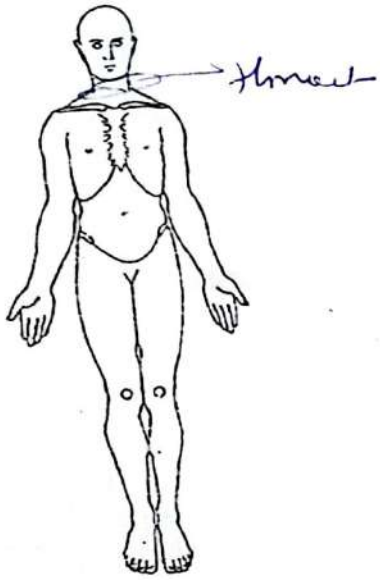
Balance disorders

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

Coordination

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





Next Follow Plan	After 15 day
	—
Next Follow Date	3/Dec/2022

General Examination Assesement

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date 18/11/22	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श	Khada-Dard				
2.	शब्द	Gosha				
3.	Face (Akruti)	Samanya				
4.	Eye (Dirka)	Pratat				
5.	Jiwha	Nirama				
6.	Urine	Nirama				
7.	Kastha (Stool)	Badh				
8.	Nadi (वात, प्रत,कफ)	Pitta.				

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DASH VIDHA PARIKSHA

S No	Pariksha	Date 18/11/22	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti	Kapha-Pitta				
2.	Vikruti	Kaphaj				
3.	Sara	Madhyam				
4.	Samhana	Madhyam				
5.	Pramana	Sam pramana				
6.	Satmyaō	Madhyam				
7.	Satva	Madhyam				
8.	Aahar Shakti	Avar				
	Vaya	Madhyamavastha				
	Vyayani Shakti	Avar				

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Nutritional Assessment Form

dentifying Information

Full Name: Amarjeet Date : 12/11/22

UHID No : PA0656 Age: 25 Sex : M

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

ferring Clinician: Dr. Suman Bhojsona

ason(s) for visit: Consultation

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

not relevant

e you allergic to any food or drink? Yes or No

If yes, please specify: - Grevens if taken in form of Chutney

Do you get a rash or edema from your allergy? Yes or No Swelling in eyes

you take any vitamins, minerals and/or food supplements? Yes or No

If yes, which ones

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

If yes, what H/o Nasal Polyp pt was operated for this in 2018

you have any chronic illnesses? Yes or No

If yes, please explain

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

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

es, what medication and what dosage

Please explain about

- Appetite : Reduced since long time
- Food habits : Healthy diet
- Daily working hours: _ 4
- Exercise : Regularly Pranayam for 5 minutes.
- Job profile : _
- Height : 5'9"
- Weight : 80 kg
- Bowel - Needs to go 2-3 times in a day (Incomp
- Sleep - Sound

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

13/11/2022

Amarjeet

Patient Signature

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COVID-19 MANDATORY SELF DECLARATION

Name : Amarjeet Age : 25 Gender :M/F M

Address: Jhajhar Haryana

Contact Number : 8307756054 Date : 18/11/22

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the Paramanand Ayurveda Panchkarma Hospital , Hospital 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

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 form a doctor and I will take every precaution to prevent this from happening but I will not at all hold Doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.

Signature

Amarjeet

Paramanand Ayurveda Panchkarma Hospital

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FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID: PA0656 OPD: 757 IPD: - Date: 18/11/22

Patient Name (रोगी का नाम) Amarjeet Age (उम्र) 25 Sex (लिंग) M

Name of W/O, D/O, S/O (पत्नी/पति का नाम) Kapoori Singh

Address (पता) Jhajhar Haryana

Phone No (फोन नं.) 8307756284 Email (ईमेल)

Name of Doctor /डॉक्टर का नाम: Dr. Suman

Dear Sir/Madam, प्रिय महोदय/ महोदया

We want know your opinion. We would appreciate if you would spare us a moment of your valuable time in providing us your feedback regarding various aspects of medical care and hospitality that were extended to your stay here with us.

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है। जो हमारे यहाँ इलाज के दौरान अनुभव किया।

S.No	Services/ सेवाएं	Good / अच्छा Yes/ हाँ	Not good/ अच्छा नहीं No/नहीं
1.	Do you found, Time period spent on your assessment is sufficient or not? आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?	✓	
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.	How would you feel during treatment? ईलाज के दौरान आपने कैसा अनुभव किया ?	✓	
7.	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	✓	
8.	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: 18/11/22

Signature (MD/MS)

Signature (Hospital Authority)

Paramanand Ayurveda Panchkarma Hospital
Plot No 2 Main Dhansa Road A-Block
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Signature (Patient/Guardian) Amarjeet

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ADMISSION & DISCHARGED RECORD

UHID....PAD656..... IPD..... BED NO..... DATE....18/11/22

me Of Patient (रोगी का नाम) ....Amarjeet....

me Of Father/Husband(पिता/पति का नाम) ....Kapoor Singh....

te Of Admission(भर्ती की तिथि)....18/11/22....Time of Admission(भर्ती का समय)....Age(उम्र)..25 Sex(लिंग) ..M

sistant Doctor (सहायक उपचारक) .....

octor Incharge(संचालक उपचारक)....Dr. Suman....

ate Of Discharge (छुट्टी की तिथि) ....19/11/22.... Time Of Discharge (छुट्टी का समय)....3 p.m....

peration (If Any) ....not any....

rocedure(प्रक्रिया)....Nasyam ē anu tail....

iagnosis(रोग निश्चय)....Shirong ē Pinus....

ddress & Phone No.(पता एवं फोन नं.) ....Jhajhar Haryana....
....(8307756084)....

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

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

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on be assist at Paramanand Ayurveda Panchkarma Hospital at my own risk and i am ready for the Ayurveda treatment. I am giving my consent after understanding benefit and out come of treatment. the information given me are absolutely correct.

मैं अपनी मर्जी से परमआनंद आयुर्वेद पंचकर्म हॉस्पिटल मे भर्ती हो रहा/रही हूँ। मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक 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 पूर्णत: सही है।

Dated (दिनांक)....18/11/22..... Witness (प्रत्यक्षी).....

Signature (हस्ताक्षर)....Amarjeet..... Relationship of Patient (रोगी से सम्बंध).....

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 advise not be bring any valuable or any jewellery or any other luggage with them. 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 are not accepted.

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 से 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 ज़िम्मेदारी 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 | अत: 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 |

Dated (दिनांक)..... 18/11/22 .....

Signature (हस्ताक्षर)..... Amarjeet .....

Relationship of Patient (रोगी से सम्बंध)..... — .....

Witness(प्रत्यक्षी)..... — .....

Paramanand Ayurveda Panchkarma Hospital

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Main Dhansa Road, Najafgarh, New Delhi -110043

CHARGES CONCERN FORM

Name (नाम): Amarjeet DOA (भर्ती की तारीख): 19/11/22

Age (उम्र) 25 Sex (लिंग) M UHID : PAO656 OPD : 757 IPD : —

S/O, D/O (पिता|पति) : Kapoor Singh Day Panchkarma: 2 day

Consultant Name (चिकित्सक नाम) : Dr. Suman

Provisional Diagnosis(रोग निश्चय) Sinusitis (Shiro roga & Pinas)

Confirm Diagnosis (रोग विनिश्चय) : Sinusitis (Shiro roga & Pinas)

1. Procedure details (प्रक्रिया विवरण): Nasyam & Anu tail

2. IPD Charges (आई.पी.डी.) —

3. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) 200/-

4. Nursing charges (नर्सिंग शुल्क) —

5. Package Charges Procedure wise

A: Nasyam per day - 500 x 2 = 1000/-

B:

C: —

D:

E: —

6. Doctor Fees (चिकित्सक शुल्क) 200/-

7. Medicine (approx) costing : 1000/-

8. Consumable (approx) charges : —

9. Accessory (approx) charges : —

10. Diet Charges (आहार शुल्क) :

Total Estimated Package Rs. 1200+1200 = 2400/-

Patient Signature
Amarjeet

Receptionist Signature

TEST REQUEST FORM

Name (नाम): Amarjeet DOB (जन्म की तारीख): 18.11.22

Age (उम्र) 25 Sex (लिंग) M UHID : PA0656 OPD : 757 IPD : —

W/O, S/O, D/O (पिता/पति) : Kapoor Singh Day Panchkarma: 2 day

Provisional Diagnosis(रोग निश्चय) Sinusitis

Confirm Diagnosis(रोग विनिश्चय) : Sinusitis

Name of Consultant (चिकित्सक नाम) : Dr. Suman

Time of request Date 18/11/22

1. Lab —

2. Radiology: —

3. Scanning : —

4. Markers : —

Schedule time :	Information for test :

Request that my reports should not be share with anyone without my permission.

मैं अपनी पूर्ण इच्छा से डॉक्टर की सलाह पर अपनी जाँच की अनुमति प्रदान करता हूँ एवं अपनी जाँच का परिणाम की विनती करता हूँ की यह जाँच मेरी अनुमति के बिना सार्वजनित नहीं की जायें।

Signature :

Relation with Patient :

Amarjeet

Signature of Doctor/Nurse

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Main Dhansa Road, Najafgarh, New Delhi -110043

GENERAL CONSENT

UHID.....PA0656..... IPD..... BED NO..... DATE 12/11/22

.....Amarjeet..... W/o, S/o, D/o.....Kapoor Singh.....

D.....Jhajhar Haryana.....

te of Admission .....12/11/22..... Age.....25..... Sex M.....

s been clearly explained about the Procedure .....Nalyam.....

Dr.....Dr. Suman.....

have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my vn language. I have been explained about the expenses in the procedure clearly. I have been explained about e details of Procedure, In case of any emergency and further referral to any higher center, the required expenses that case will be paid by me. I had read about the clauses clearly and giving my concern for the procedure ention about

.....पिता/पति का नाम.....पता .....

..... (दिनांक).....उम्र .....लिंग .....

डॉ .....ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णत: बता दिया है। जिसमें आने वाले उपद्रवो 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 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 हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

Patient's Name (रोगी का नाम) .....Amarjeet.....

Signature (हस्ताक्षर).....Amarjeet.....

Date (दिनांक) .....

Place (स्थान) .....Jhajhar Haryana.....

Witness (प्रत्यक्षी).....

Doctor's Name (चिकित्सक नाम).....Dr Suman bhansora

Date (दिनांक).....16/11/2022

Signature (हस्ताक्षर).....

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Prakurti Chart Form

UHID...PA0656... IPD..... BED NO..... DATE.....18.11.22

indly add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highe
mind body type.

		VATA	PITTA	KAPHA
MENTAL PROFILE				
Mental activity	☑	Quick mind restless	☐ Sharp intellect aggressive	☐ Claim stead
Memory	☐	Short-term best	☐ Good general memory	☐ Long –term
Thoughts	☑	Constantly charging	☐ Fairly steady	☐ Steady stable
Concentration		Short-learn focus best	☑ Better than average mental concentration	☐ Good ability for 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 c relationship , ro
Sleep	☐	Interrupted light	☑ Sound ,medium	☐ Sound ,heavy lon
Speech	☐	Fast sometimes missing words	☑ Fast sharp clear cut	☐ Sound ,clear ,swe
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 meal
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 law	☐ 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)	☐ Save regularly accumulat 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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PANCHKARMA CONSENT

UHID 9A0.6S.6 IPD — BED NO — DATE 18/11/22

Patient's Name(रोगी का नाम) Amarjeet

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

Date (दिनांक) 18/11/22 Age (उम्र) 25 Sex (लिंग) M

Address & Phone No (पता एवं फोन नं.)

Treatment Benefits (उपचार के लाभ) Relief in Symptoms, Improvement in Condition of Pt.

Risk (जोखिम) Irritation in throat, burning

Alternative(विकल्प) Cargle & hot water

हमें हमारी थैरेपी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे मे भी बता दिया गया है |

जैसे :-

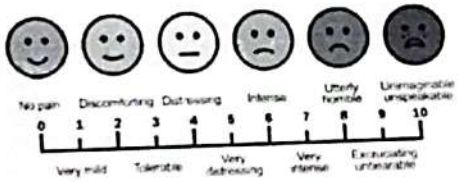
घुटनों में सूजन	☐	झनझनाहट	☐
पैरों में दर्द	☐	अकड़न	☐
पेट मे भारीपन	☐	सुन्नपन	☐
कमर में दर्द	☐	उल्टी	☑
दर्द में वृद्धि	☐	दस्त	☐
बुखार आना	☐	बी.पी कम होना	☐

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है | मैं स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी ..... के बारे मे पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: जिम्मेदारी मेरी स्वयं की होगी |

- थैरेपिस्ट का नाम ..... थैरेपिस्ट हस्ताक्षर .....
- डाक्टर का नाम ..... डाक्टर हस्ताक्षर .....
- रोगी के हस्ताक्षर .....प्रत्याक्षी ..... दिनांक.....

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

Swelling in Joints	☐	Tingling sensation	☐
Pain in Legs	☐	Tenderness	☐
Tenderness in abdomen	☐	Numbness	☐
Backache	☐	Vomiting	☑
Increase pain	☐	Loose motion	☐
Fever	☐	Decrease B.P	☐



- After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform
- Therapist's Name Afeet Therapist Signature
- Doctor's name Dr. Suman Doctor Signature 18/11/2022
- Patient's Signature Amarjeet Witness — Date 18/11/22

Paramanand Ayurveda Panchkarma Hospital
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Plot no-2, A-Block
Main Dhansa Road, Najafgarh, New Delhi

PROCEDURE CARE PLAN

UHID PA0656 IPD – BED NO – DATE 18/11/22

Patient's Name(रोगी का नाम) Amarjeet

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

Date (दिनांक) 18/11/22 Age (उम्र) 25 Sex (लिंग) M

Procedure Perform (प्रक्रिया) Nasyam ē Anu taill

Provisional Diagnosis (रोग निश्चय) Shukrag ē Pinas rog

Final Diagnosis (रोग विनिश्चय) Shukrag ē Pinas rog

Doctor Name (चिकित्सक नाम) Dr Suman Bhainsora

Therapist Name(सहायक नाम) Ajeet

Details of Therapy :

Pt is given Nasyam ē Anu taill in both nostrills

- ⊙ Mukh ashyang ē Kalpoondi taill, Mukh Sweda is followed then before nasyam
- ⊙ Nasyam ē Anu taill in both nostrils
- ⊙ Gargle ē hot water (Lukewarm)
- ⊙ Dhoompan in each nostril & mouth 3 times / puffs.

Doctor's Name (चिकित्सक नाम) Dr Suman Bhainsora

Date (दिनांक) 18/11/22

Signature (हस्ताक्षर) Suman Bhainsora

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DAILY VITAL PAIN SCORING & DAILY FEEDBACK FORM

PATIENT NAME : Amarjeet GENDER : M DOA : 18/11/22 UHID NO. : PAV656

TE	TIME	TEM. of	B.P mm Hg	PULSE bpm	R.R. per min	PAIN	THERAPY	PATIENT FEEDBACK	PATIENT SIGN	DOCTOR SIGN
8/11	11:00 am	96.2°F	120/80	78	18	-nt	Abhyanga + Anuvasan	Good	Amarjeet	
9/11	11:00 a	96.2°F	120/80	78	18	-nt	-do-	Good	Amarjeet	
								Paramanand Ayurveda Panchkarma Hospital Plot No 2 Main Dhansa Road A-Block Gopal Nagar Najafgarh New Delhi-110043		

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Main Dhansa Road, Najafgarh, New Delhi -110043

DAILY FEEDBACK FORM

NAME Amarjeet AGE 25 GENDER M DATE 18/11/22

PRESENTING COMPLAIN (चिकित्सा शुरुआत की तकलीफ)

- Pain & Irritation in throat ∝ 1½ months
- Itching in both eyes ∝ 1 month
- Nausea in morning frequently.
-
-

DATE	TIME	TREATMENT	COMPLAIN	RECTIFICATION	IMPROVE	NOT IMPROVE	PT.SIGN.
18/11	11:00a	Nasyam & Anu taila	not any	—	—	—	Amarjeet
19/11	11:00a	-do-	-do-	—	—	—	Amarjeet

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Paramanand Ayurveda Panchkarma Hospital

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Main Dhansa Road, Najafgarh, New Delhi -110043

UHID: PA0656 OPD: 357 IPD: — Bed No —

PH No. 83685 34530

PROGRESS NOTES

GC = Stable

ATE: 18/11/2022
ME: 11:00 am
P.: 120/80 mmHg
ulse: 78 bpm
mp.: 96.2°F
in: — nil

C/O
- Pain & stiffness in throat
- Nausea in morning frequently

Adv - Nasyam ē Anu till followed by Dhoompan

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19/11/2022

11:00 am

122/80 mmHg

78 bpm

96.2°F

Pain - nil

C/O
- Pain & stiffness in throat.
- Nausea in morning frequently

Also fresh complaints by pt

GC = Stable

Adv — Nasyam ē Anu tail followed by Dhoompan

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19

Paramanand Ayurveda P
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Main Dhansa Road, Najafgarh, New Delhi -110043

IPD:..... Bed No .....

UHID: PA0656 OPD: 757 PH No. 83685 34530

PROGRESS NOTES

DATE:
TIME:
B.P. :
Pulse :
Temp. :
Pain :

Pt wanted to discontinue Nasyam therapy due to personal reasons, thus he was given discharge on 19/11/2022 E
GC = stable (a)
3:00 pm.

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Patient discharged on 19/Nov/22 at 3pm

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DISCHARGE SUMMARY

F.H.NO. ..... BED NO. ..... DATE 19/11/22

UHID PA0656 IPD .....

Patient's Name (रोगी का नाम) Amarjeet Age (उम्र) 25 Sex (लिंग) M

S/o, S/o, D/o(पिता/पति) Kapoor Singh

Address (पता) Jhajhar Haryana

Date of Admission (भर्ती की तारीख) 18/11/22 Date of Discharge(छुट्टी की तारीख) 19/Nov/2022

Time of Admission (भर्ती का समय) 10:00 AM Time of Discharge(छुट्टी का समय) 3:00 pm

Chief Consultant (मुख्य चिकित्सक) Dr. Suman

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त) Pain & irritation in throat itching in both eyes since ½ month, Nausea in morning frequently

Past Medical History (पुराना चिकित्सा वृतान्त) Pt was operated for nasal polyp in 2015

Family History (कुटुंब वृतान्त) not significant

Pain Scale – VitaParameters 2/10

B.P 122/80 mm Hg

Pulse 78 bpm

Sugar not done

Weight 80 Kg

Height 5'9"

Menstrual History not relevant

Astha Sthana Pariksha

1. Nadi Pittaj
2. Mala Badh Kostha
3. Mutra Niram
4. Jiwha Niram
5. Shabda Spashta
6. Sparsha Khar - Sheet
7. Akruti Samanya
8. Drika Prakrit

Dash vidha Pariksha

1) Prakruti Kapha - Pittaj
2) Vikruti Kaphaj
3) Sara Madhyam
4) Samhana Madhyam
5) Pramana Sam pramana
6) Satmya Madhyam
7) Satva Madhyam
8) Agni Avar
9) Vaya Madhyamavastha
10) Vyayam Shakti Avar

INVESTIGATION EXAMINATION (जजा)

not any

DIAGNOSIS AND TREATMENT SUMMARY (जजा चिकित्सा जजजा)

Pt was diagnosed c Shiroroga c Pinus rog,
Tt- Nasyam c Anu tail
Poorvakarma - Mukhabhyang c Karpooradi taila followed by mukh swedan
Pradhan Karma - Nasyam c Anu tail 8 drops in Each nostril.
Paschat Karma - Gargle c luke warm water followed by dhoompan (3 puffs from each nostril 4 mouth)

DIET ADVISE ON DISCHARGE (ज जजा निर्देष)

→ Light & easily digestable food items
→ Avoid Curd, buttermilk, Spicy, oily & sour food items.

Follow up (जजाजजाजज ज जजजा After 15 days

CONDITION AT THE TIME OF DISCHARGE

Home ☒ Dead ☐ Referred ☐ Lama ☐

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

PH No.83685 34530

A)

B)

C)

2.Medicine After Diseases (ज जजा छुट्टी जजजजा)

Rx योगराज वटी 2 tab TDS (चूसकर लें)
दशमूलकटुत्रयादि क्वाथ 2 tsf BD
लक्ष्मी विलास रस 2 tab BD
अमृतोत्तर क्वाथ 2 tsf BD
दशमूल हरीतकी 1 TSf TDS
मरिच्यादि तैल — 4A
× 15 days

19/11/2022

Dr. Name Dr Suman Bha...

Sign...

Paramanand Ayurveda Panchkarma Hospital
Plot No 2 Main Dhansa Road A-Block
Gopal Nagar Najafgarh New Delhi-110043

Date 19/11/2022

Paramanand Ayurveda panchkarma hospital

GST No - 07AAJCP1516G1ZL

Date:19/11/2022

Invoice No. PA/19-20/3199

Customer ID: 89687

Name & Address	Patients details
UHID – PA656 Date of Admission – 18-11-2 Date of Discharge – 19-11-22	Amar jeet Jhajhar Haryana 8307756084

Doctor fees	200		200
Procedure charge	Nasyam	500*2	1000
Vyoshadi vati	1	150	150
Dasmool kathunayadi	1	170	170
Laxmi vilas ras	1	230	230
Amritoram	1	110	110
Dashmmol haritki	1	125	125
Marichiyadi oil	1	160	160
2 days			

Total	-	**2145.00**
Net amount	-	**2145.00**

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