

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

OPD JD- KAOP 1556

UHID- KRM001425

OPD JD- KAOP 1556

Chief complaints with
H/o Parkinson - 2y
Duration - 1y

Tomors in hand
Shuffled speech
Drooping of eye lashes
walk imbalance

H/O

O/E
B.P. 107/79

P.R. 73/min

SPO2- 99%

Temp- 98.6
Wt- 81 kg

Provisional/Final
Diagnosis

424910

Advice

Mr 1

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Adv. Panchkarma (Day care) x 10 days.
(7-10-22 to 16-10-22)

Pt is willing to admit in next

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Regd. No. DBCP/A/8353

Website: www.karmaayurveda.com | E-Mail: doctor@karmaayurveda.com

Ph.: 011-4777 2777 | Mob.: 0987171050

(This prescription is not valid for medico-legal purpose)

Name: Devender Kumar Sharma / Panchsheel Garden.
Age/Sex: 55/M Dated: 2/9/22 10:05am

Bowel - constipated
Appetite - diminished
Urine - (n)

Rx
- Kaunthi berry powder.
1 tsp — 1 tsp - B.D x Aft water

- G-60
0 — 0 x B.D x Aft water

- Brahmi Vali
0 — 0 x B.D x Aft water

- triphala yog.
1/2 tsp — 1/2 tsp water (n)

x 2 months.

Adv. Panchkarma (Day care) x 10 days.
(7-10-22 to 16-10-22)

Pt is willing to admit in next

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(This prescription is not valid for medico-legal purpose)

Act follow from 7/10/22 to 18/10/22.

- Abhyanga - Pind oil (200ml) - 30 min
- Patrapindpottli Swed - Shasthakt - 30 min
- Shasthakti Shali Swed - Shasthakt - 30 min
- Matra Basti - Sahacharedi oil (20ml)
- Shirodhara - Ksheerbala oil (2d) - 30 min
- Nasya - Anu-tail - 30 min

Benefit's → improvement in strength, immunity, gup.

Risk - might feel pain in starting

Outcome - good.

Alternative → immediate stop the treatment, inform to dr.

Follow diet as per advised

Do's → ghrita, tar, hinda
Purpkin
Yogas

Don't → long sitting
- heavy proteins
→ high exercise

10-20 min

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Pitampura, New Delhi-110034

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



PATIENT ID: KRM001425

DATE: 8/9/22

10:00 AM

KRM AYURVEDA

Patient Information Form

Name	Devender Kumar Sharma		
Age	55	Marital Status	Married ☒ Single ☐
Sex	M ☒ F ☐		
Address	Dilshad Garden, Delhi		
City	Delhi	State	Delhi
Pin Code	110095		
Telephone	9250 201879	E-mail ID	
Occupation	Business	Height	5'3"
Weight	81kg	Referred by/Found us	
Vaccination Status	Vaccinated	Vaccine Name	Covishield

S.No.	Chief Complaints	Duration
1	tremors in hand	1st
2	slurred speech	1st
3	Drooping of eyes.	1st
4	walk imbalance	1st
5		
6		
7		
8		

Other Complaints:

K/c/o N/A - 2y

History of Present Illness (Specific History):

Pt is suffering from Parkinson from 2y. He took many allopathic med. but found no improvement. He came here for further management.

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PAST MEDICAL HISTORY

	History	Duration	Taking Medicine	Current Status
HTN	Yes/NO		Yes/NO	
DM	Yes/NO		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)

on allopathic med.

SYSTEMIC EXAMINATION

BOWELS

Vega / Frequency: ___ / ___ day

constipated

Consistency

- ☒ Hard
☐ Soft
☐ Loose
☐ Normal
☐ Mucoid

Associated with

- ☐ Urgency
☐ Pain
☐ Bleeding
☐ Burning Sensation

Evacuation

- ☐ Complete
☐ Incomplete

Taking Laxatives

- ☐ Yes
☐ No

Colour

Others

GAS

Intensity

☐ Mild

☐ Moderate

☐ Severe

Passes with ease / Passes with difficulty / Bloating / Burps

Any medication for Gastritis

ACIDITY

Intensity

☒ Mild

☐ 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

Taste Perception

Colour

Other

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URINE

WNL

Frequency

Colour

Associated with

Other

EYES

WNL

Pallor

☐ Mild☐ Moderate☐ Severe

Icterus

☐ Mild☐ Moderate☐ Severe

Vision:

Other

SLEEP

disturbed

Duration

Intensity of Disturbance

Sleeping Pills

Other

MIND

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

Sattva

Rajas

Other

Diet - Veg / Non Veg / Mixed

Veg + egg

Allergic Reactions

Food

Medicines

Other

ADDICTION HABITS

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

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 delivery: C-Section / Normal

Patient Local Examinations

Tremors in hand
slowness in movement**INVESTIGATION DETAILS**

NAADI

V. $\frac{1}{2}$ $\frac{1}{2}$ P. $\frac{1}{2}$ K. $\frac{1}{2}$ f

DIAGNOSIS

chakra

CHIKITSA SUTRA

Deepan / Pachan / Ruchan / Anuloman
Shanthan / Medhya / Balya / Rasayan

SPECIFIC ADVICE / PROCEDURE

Abhyang / Pottipind / Pottiswed / Shakti / Shali / pind / sand
mats / basti / Shirodhara / Nasya x 10 day

Rx

— Kaundi leaf powder 1 tsp — 1/2 x B.P. x 1/2
— G-60 — 1/2 x B.P. x 1/2
— Brahmi vali. — 1/2 x B.P. x 1/2
— Triphala jey 1/2 tsp — 1/2 x B.P. x 1/2

x 2 month.

F/O after 2 month

13/12/22
8/9/22
10:30 AM



INITIAL ASSESSMENT FORM

Date: 8/9/22

Patient Name :-	Mu. Devender Kumar Sharma	UHID :	KRM001425				
Address :-	Dilshad Garden	Contact No.	9250281879				
Date of Illness	8/9/20 - 2 year ago	Gender:-	male	Age:-	55 y		
Consulting Dr. Details :	Dr. Monika	Our Ref:-	google	Date Of Initial Assessment :	8/9/22		
Height :	Weight :	81 Kg.	BP :	107/74	107/79 mm Hg	Resprate	16/min
	Blood Sugar :	124 mg/dl	TEMP :	98.2°F	98.2°F		
Hospital is	Contact Number :	9871712050	Vaccination Status :	done (vaccinated)			

Patient's Medical History:	K/O Parkinson (2y.) + HTN (2y.)
o Tremors in hand	- walk imbalance
o Slurred Speech	- Drooping of eye lashes.

History of injury:
No H/O injury

Current Physical findings:	
- Tremors in hand	- Baby steps
- speech slurred	- Drooping of eye lashes.

Is treatment required? If yes treatment programme required, goal and number of sessions required
OPD Medication / IPD/Day Care/No Treatment(Referral)
☒ OPD Medication

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अष्टविध परीक्षा (ASTA - VIDHA PARIKSHA)

NADI :	73 / min	DRIK :	प्राकृत
MUTRA :	अनाविल	AKRITI :	सम
MALA :	बद्ध - आम		
PIHWA :	निशम		
SHABDA :	अस्पष्ट		
SPARSHA :	रक्त		

दशाविध परीक्षा (DASHA - VIDHA PARIKSHA)

PRAKRITI :	Vaataj - Kaphaj
VIKRITI :	Prakriti Sam Samvet
SARA :	Madhyama
GAMHANANA :	Madhyam
PRAMANA :	Madhyam
SATMYA :	दीर्घ Madhyam
SATVA :	Madhyam
AHARA SHAKTI :	Jeerna
VAYA :	Youva awastha
VYAYAMASHAKTI :	Madhyam

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DOCTOR SIGNATURE:

NUTRITIONAL ASSESSMENT FORM

I. Identifying Information

Full Name: Devender Kumar Sharma Date: 8/9/2022
UHID No.: KRM001425 OPD No.: KAOP1556 Age: 55 Sex: M

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

Referring Clinician: _____

Reason(s) for visit: Tremors in hand

II. Medical History (please give full details)

- Diabetes YES/NO ☒ HBA1c.....since.....Medication
- HTN ☒ YES/NO ☒ Last recorded value 107/79 since 2 yts 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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Please explain about

- Appetite : (N)
- Food habits : Veg.
- Daily working hours : 8 hrs. - 10 hrs.
- Exercise : Sedentary.
- Job profile : Business.
- Height : 5'3"
- Weight : 81kg.

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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COVID-19 MANDATORY SELF DECLARATION

Date : 8/9/22

Name : Devender Kumar Gulane Age : 55 Gender : M/F : M
Address : Dilshad Garden, Delhi

Contact Number : 9250281879

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.

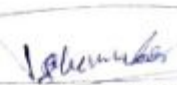
Do you have any of the following flu-like symptoms ?

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?
NO
- Have you come in contact with the covid-19 positive patient in last one month?
NO
- Have you attend any gathering or visited any crowded market place in the last 14 days ? If you, please specify.
NO
- Are you taking any precautionary measures for boosting your immunity prior to coming ? If you, please specify.
NO
- Kindly share your status of Aarogya Setu app? Red/Orange/Green.
NO

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.
If I am an asymptomatic carrier or an undiagnosed patient with covid-19, I know it may endanger doctors and Hospital staff.
It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them.
I also know that I may get an infection from the Hospital or from 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

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID No.: KRM001425 OPD No.: KAOP1556 Date: 8/9/22

Patient Name (रोगी का नाम): Devender Kumar Sharma Age (उम्र): 55 Sex (लिंग): M

Name of W/O, D/O, S/O (पिता/पति का नाम): Ashok Sharma

Address (पता): Bilshad Garden, Delhi

Phone No (फोन नं.): 9250281879 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

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एक क्षण देगे 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 है?	☒	☐
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 सतुष्ट 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: 8/9/22
Signature (Hospital Authority)

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Pitampura, New Delhi 110034

Signature (MD/MS)

Signature (Patient/Guardian)

CHARGES CONSENT FORM

Name (नाम): Devender Kumar Sharma DOA (भर्ती की तारीख): 7/10/22
 Age (उम्र) 55 Sex (लिंग) M UHID No. KRMOA1425 OPD No. KAOP1556 IPD No. Day Care
 W/O, S/O, D/O (पिता/पति): S/O Ashok Sharma Day Panchkarma: 10 day

Consultant Name (चिकित्सक नाम): Dr. Monika

Provisional Diagnosis (रोग निश्चय): Vaatvikar

Confirm Diagnosis (रोग विनिश्चय): Kampvaat

1. Procedure details (प्रक्रिया विवरण): Abhyang / RS / Shast. Shilpind Swed / MB / Shirodhara / Nasya

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: Panchkarma Procedure for 10 Days - 34,800/-

B: —

C: —

D: —

E: —

6. Doctor Fees (चिकित्सक शुल्क): 500

7. Medicine (approx) costing: —

8. Consumable (approx) charges: —

9. Accessory (approx) charges: —

Diet Charges (आहार शुल्क): —

Total Estimated Package Rs 34,800/-

Patient Signature

Receptionist Signature

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 Gate No. 2, Parwana Road,
 Pitampura, New Delhi-110034



KRM Ayurveda Pvt. Ltd.

77 Tarun Enclave, Parwana Road, Pitam Pura, Delhi, Delhi 110034

मरीज का नाम: Devedan Kumar Sharma
उम्र 55 लिंग M
UHID NO: KRM001425 Date: 7/10/22

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 हूँ। अस्पताल के सभी नियमों और खर्चों से मुझे अवगत कराया गया है और मैं सभी नियमों के पालन में अपनी सहमति प्रदान करता/करती हूँ। आगे किसी भी स्थिति एवं अप्रिय घटना के लिए मैं स्वयं जिम्मेदार रहूँगा/रहूँगी, 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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मरीज के परिजन के हस्ताक्षर
Signature of Attendant

मरीज के हस्ताक्षर
Signature of Patient

ADMISSION FORM (प्रवेश फार्म)

UHID No. KRm001425 IPD No. DayCare OPD No. KAOP1556 Bed No./Room No. 1 Date 7/10/22

Patient Name (रोगी का नाम) Devender Kumar Sharma Age (उम्र) 55 Sex (लिंग) M

Name of W/O, D/O, S/O (पिता/पति का नाम) S/o Ashok Sharma

Address & Phone No. (पता एवं फोन नं.) Dilshad Garden, Delhi / 9250281879

DOA (भर्ती की तिथि) 7/10/22 TOA (भर्ती का समय) 9:00 am

DOD (छुटी की तिथि) 16/10/22 TOD (छुटी का समय) 4:00 pm

Treatment (प्रक्रिया) Abhyanga / PPS / Shasthi / Bilw / Swed / NB / Shirodhara / Nasya

Diagnosis (रोग निश्चय) Kneiprvaat

Doctor In charge (संचालक उपचारक) Dr. Monica

Result

Cured/Relived

Left Against Medical Advice

☒
☐
☐

Investigation Only

Discharge Request

Expired

☐
☐
☐

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

Dated (दिनांक) 7/10/22

Witness (प्रत्यक्षी) _____

Signature (हस्ताक्षर) [Signature]

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 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 करूंगा /करूंगी।
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 स्टाइक, 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। 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 मर्जी से के. आर. एम आयुर्वेद 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) 11/10/22

Relationship of Patient (रोगी से सम्बंध) —

Signature (हस्ताक्षर)

Witness (प्रत्यक्षी)

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Prakurti Chart Form

UHID No. KRM001425

OPD No. KAOP 1425

DATE 8/9/22

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	☒ Quick mind restless	☐ Sharp intellect aggressive	☐ Claim stead stable
Memory	☐ Short-term best	☐ Good general memory	☐ Long-term best
Thoughts	☐ Constantly changing	☒ Fairly steady	☐ Steady stable fixed
Concentration	☐ Short-term 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	☒ Slow
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 damp 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

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 or 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.

fz
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Pain Score

Functional Evaluation:

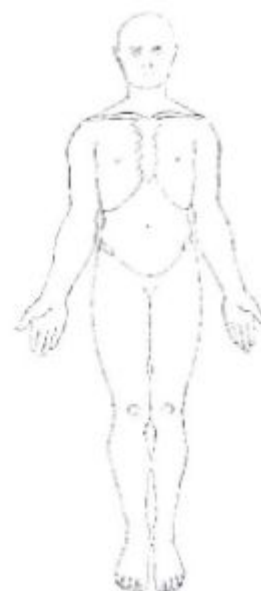
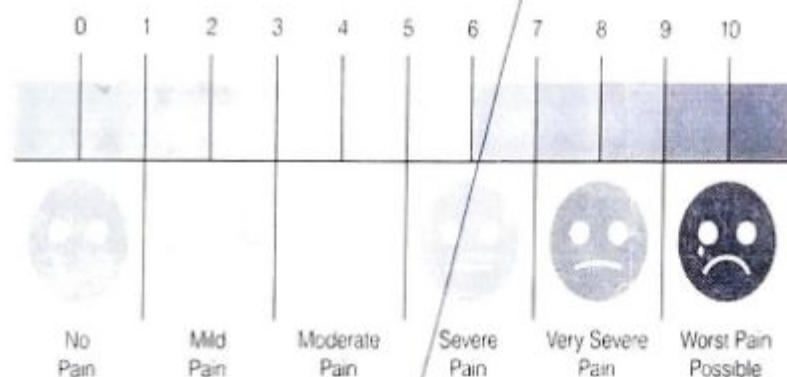
Balance disorders

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:						

PAIN SCALE



N/A

Next Follow Plan

Next Follow Date

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Treatment Timetable

S. No.: 22

Date: 7/10/22

Patient Name: Devender Kumar Sharma

Duration: 10 day

Day/Date	Treatment	Price	Comments/Instructions from Doctor
7/10/22	Abhyanga / Patrapind / pati Swed / Shirodhara / Nasya	5100	Abhyanga - Pind. oil (200ml) - Zone
8/10/22	Abhyanga / PPS / Shirodhara / Nasya	5100	Patrapind pati Swed - Shasthol - Zone
9/10/22	Abhyanga / PPS / Shirodhara / Nasya	5100	Materi Baki - Sahachand - Zone
10/10/22	Abhyanga / PPS / Shirodhara / Nasya	5100	Shasthisheli pind Swed - Shasthol - Zone
11/10/22	Shasthisheli pind Swed + Materi Baki	2400	Shirodhara - Ksheerabala - Zone
12/10/22	Shasthisheli pind Swed + Materi Baki	2450	Nasya - Anu tail - Zone
13/10/22	Shasthisheli pind Swed + Materi Baki	2400	
14/10/22	Shasthisheli pind Swed + Materi Baki	2400	
15/10/22	Shasthisheli pind Swed + Materi Baki	2450	
16/10/22	Shasthisheli pind Swed + Materi Baki	2400	
		34,800	

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

OBSERVATION CHART FOR VASTI

Name of Patient	Devender Kumar Sharma		Patient ID		KRM001425	
Diagnosis	0527017		IP No.		0527017 Day Care	
Observation during and after Vasti	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
	Date- 11/10/22 Time- 11:30am	Date- 12/10/22 Time- 11:30am	Date- 13/10/22 Time- 11:30am	Date- 14/10/22 Time- 11:30am	Date- 15/10/22 Time- 12:30pm	Date- 16/10/22 Time- 11:30am
Therapist	Manmohan	Manmohan	Manmohan	Manmohan	Manmohan	Manmohan
Therapy Room	1	1	1	1	1	1
Type of Vasti	MB	MB	MB	MB	MB	MB
Could be administered (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes
Holding time (Sec. / Min. / Hrs.)	6 hr.	6 hr.	5 hr.	5 hr.	5 hr.	6 hr.
Total No. of Vasti's	2	2	1	1	2	1
Content: Fecal matter / Medicine / Phlegm Blood / Mixed	fecal matter + med.	fecal matter + med.	fecal matter + med.	fecal matter + med.	fecal matter + med.	fecal matter + med.
Colour - White / Yellow / Red / Black / Green	Yellow	yellow	yellow	yellow	yellow	yellow
Complications : Headache / Anal Pain / Giddyness / Bloating / Stomachache etc.	(light)	headache	(light)	(light)	(light)	bloating
Feeling of patient	lightness	headache	lightness	lightness	lightness	headache
Tired / Lightness / Heavyness / Headache						
Sign of Attending Physician with date and time	 4:30pm	 4:30pm	 4:30pm	 5:30pm	 5:30pm	 5:30pm



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PANCHKARMA CONSENT (पंचकर्म सहमति)

UHID No. KRM001425 OPD No. KAP1556 Bed No./Room No. 1 Date 7/10/22

Patient Name (रोगी का नाम) Devender Kumar Sharma Age (उम्र) 55 Sex (लिंग) M

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

Address & Phone No. (पता एवं फोन नं.) Balshah Garden, Delhi / 9250281879

DOA (भर्ती की तिथि) 7/10/22 TOA (भर्ती का समय) 9:00am

Treatment Abhyanga / MS / Shasthikhet / Prasth / MB / Shirodhara / Nasya

Treatment Benefits (उपचार के लाभ) Improvement in stiffness, gripping

Risk (जोखिम) Joint pain in morning

Alternative (विकल्प) Immediate stopped the treatment before the doctor

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

हमें हमारी थेरेपी के बारे में पूर्णतः बता दिया गया है एवं थेरेपी 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)
- ☐ Increase pain (दर्द में वृद्धि)
- ☐ Decrease B.P (बी पी कम होना)

- ☒ Tingling sensation (झनझनाहट)
- ☐ 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 स्वतः अपनी इच्छानुसार अपनी होनी वाली थेरेपी के बारे में पूर्णतः ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयं की होगी। मुझे मुझ पर होने वाली प्रक्रिया (थेरेपी) 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 थेरेपी 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 हूँ एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

➤ Doctor's Signature (डॉक्टर के हस्ताक्षर)

➤ Patient's Signature (रोगी के हस्ताक्षर)

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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, dehydration

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 :- Might feel rashes, itching on body.

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

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

8. Shastri 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. Pidichni : Rejuvenates and strengthen the body, remove fatigue, reduce body pain

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

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

Sarvang = Relief pain, stiffness bring softness improve circulation

Risk :- Nadi - Burn at that particular area

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

Allegation

if symptoms occur, immediately
stopped the procedure
and informed to doctor

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Patient Name Devender Kumar Sharma
Age 55 Sex M
UHID No KRM001425

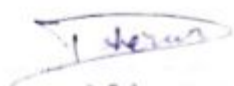
उपचार परिवर्तन सहमति पत्र

मैं Devender Kumar Sharma 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 कम से मेरे शरीर की प्रतिक्रिया के अनुसार कुछ परिवर्तन किये जा सकते हैं जिससे चिकित्सा की पूर्ण टकस में भी कुछ परिवर्तन हो सकता है।

मैं सहमति पत्र पर लिखी हर बात से सहमत हूँ जिसे मैं हस्ताक्षर से सत्यापित करता हूँ।

Treatment Change Consent Form

I, Devender Kumar Sharma 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.



रोगी के हस्ताक्षर
Signature of Patient


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गवाह हस्ताक्षर

Signature of Witness

PROCEDURE CARE PLAN

UHID No. KRM001425 OPD No. KAOP1556 Bed No./Room No. 1 Date 7/10/22

Patient's Name (रोगी का नाम) Derender Kumar Sharma

Father's/Husband's Name (पिता/पति का नाम) Ashok Sharma

Date (दिनांक) 7/10/22 Age (उम्र) 55 Sex (लिंग) M

Procedure Perform (प्रक्रिया) Panchikarma

Provisional Diagnosis (रोग निश्चय) Kampvate (Kud-Vire)

Final Diagnosis (रोग विनिश्चय) Kampvate

Doctor Name (चिकित्सक नाम) Dr. Monika

Therapist Name (सहायक नाम) Manmohan

Details of Therapy :

- Abhyang - Pind oil (200ml) - 30min
- Pottapind potli swed - Shesholek - 30min
- Shashibheshi pind swed - Shesholek - 30min
- Mather Basti - Sakubhedi oil (20ml)
- Shirodhara - Ksheebaleli oil (2l) - 30min
- Nasya - Anu-tail - 30min

Doctor's Name (चिकित्सक नाम)

Date (दिनांक)

Signature (हस्ताक्षर)

PATIENT CARE PLAN

Patient Name: Devender Kumar Shabana

Provisional Diagnosis:

Vaat vikar

Patient ID: KRM001425

Diagnosis:

Kampvaata.

Treatment Goals & Objectives:

- To relieve in Numbness
- To improve in strength and grip
- To improve metabolism

Complications and their management:

PPS $\rightarrow$ foot rashes $\rightarrow$ apply aloe gel.
SSPS $\rightarrow$ shivering $\rightarrow$ stop the treatment $\rightarrow$ hot blanket
~~Shirodhara - Itching in head $\rightarrow$ Coconut oil.~~

diagnosis - rashes - Pindus
MB $\rightarrow$ bloating $\rightarrow$ drops after eating / lunch / 8ft / full
Nalgas - Irritation in sex / prajig $\rightarrow$ steam /

Treatment planned - Treatment planner attached:

Individual progress - Relief matrix and Pain assessment chart attached

It has generalised pain; so no relief.

Preventive & Promotive aspects:

- Follow diet (add / eat ghee, curries, fruits,)
- Avoid suppression of urges.
- Do meditation

Curative aspects: As per prescription (Shaman Aushadhis)

Kaushik leaf Powder / Boudhni vati / 4-60 / Inhalant — as per prescription

Rehabilitative aspects: Post Panchkarma guidelines and Yoga chart attached

- Rest is important
- Do not sleep during daytime
- Do not watch tv, laptop, mobile after Shirodhara / Nalgas / Akshatapana.

Dr. Signature

10:30 am.



PANCHAKARMA PRE-ASSESSMENT FORM

DATE: 8/9/2022

Patient Name :-	Devender Kumar Sharma	UHID :	KRM001925		
Address :-	Dilshad Garden, Delhi	Contact No.	9250281879		
		Gender:-	M	Age:-	55
Date of Illness	2 yrs back.	Our Ref:-	—		
Consulting Dr. Details :	Dr. Monika.	Date Of Initial Assessment :	8/9/2022		
Height :	Weight :	BP :	107/79	Resprate :	99%.
	Blood Sugar :	TEMP :	98.2f		
Hospital is	9877/2050	Vaccination Status :	Vaccinated.		
Contact Number :					

PANCHAKARMA TREATMENTS

Days of treatment :	10 days.
Condition on admission :	Tremors in hand, walk imbalance, slurred speech, Drooping of eyes lashes
Treatment advised :	Abhyang x 4 days PPS x 4d. SSPS x 6d. mBS x 6 day. Shirodhara x 4 day Nasya x 4 day.

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[illegible]

Signature

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Gate No. 3, Parwana Road,
Pitampura, New Delhi-110034



Patient name — Mri. Devendee Kumari Sharma
 UHID — KRM001425
 Age — 55y/m

PANCHKARMA PROCEDURE NOTE

DATE	THERAPY NOTES + DURATION /STEPS MEDICATION RELATED INSTRUCTION	POST THERAPY NOTE FOR SAMYAK / ASAMYAK SYMPTOMS	THERAPIST SIGNATURE
7/10/21	Abhyang + PPS + Shirodhara + Nasya (30min) (30min) (30min) (30min)	Vitals Stable, Pt. oriented B.P — 110/70 mmHg	
8/10/21	Abhyang + PPS + Shirodhara + Nasya (30min) (30min) (30min) (30min)	No fresh Complaints, Pt. relaxed. B.P — 114/82 mmHg	
9/10/21	Abhyang + PPS + Shirodhara + Nasya (30min) (30min) (30min) (30min)	Vitals Stable, Pt. oriented B.P — 110/70 mmHg	
10/10/21	Abhyang + PPS + Shirodhara + Nasya (30min) (30min) (30min) (30min)	Well oriented B.P — 122/74 mmHg	
11/10/21	ASPS + matra Basti (30min) (90min)	Patient stable, feel relaxed B.P 110/70 mmHg	

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12/10/22	SSPS + MB (20 min)	Pt released, feel strength. B.P - 112/86	Chand Rakesh Rishabh Rishabh Ashish.
13/10/22	SSPS + MB (30 min)	Pt stable, oriented B.P - 114/82 mmHg.	
14/10/22	SSPS + MB (20 min)	Pt stable, oriented, grip + B.P - 120/80 mmHg.	
15/10/22	SSPS + MB (30 min)	Pt stable, oriented, B.P - 120/80 mmHg.	
16/10/22	SSPS + MB. (30 min)	Stable, oriented B.P - 112/68 mmHg.	

Doctor Signature

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VITALS CHART

Patient Name... Berender Koo Sharma Patient ID... KRM001425
Age: 55 Sex: M Diagnosis: Kampvate

Date	Time	BP	PR	B. Sugar	SpO2	Temp.	Pain	Therapist Sign.
7/10/22	9 ^{Am}	110/80	86/mnt	Normal	Normal	Normal	-	<u>ASingh</u>
	2 ^{Pm}	110/70	82/mnt	124mg/dl	99%	98°F	-	<u>ASingh</u>
	4 ^{Pm}	120/70	86/mnt	124mg/dl	99%	98°F	-	<u>ASingh</u>
8/10/22	10 ^{Am}	122/74	74/mnt	140mg/dl	99%	98°F	-	<u>ASingh</u>
	1 ^{Pm}	110/72	72/mnt	143mg/dl	99%	98°F	-	<u>ASingh</u>
	3 ^{Pm}	114/82	80/mnt	133mg/dl	99%	98°F	-	<u>ASingh</u>
9/10/22	9 ^{Am}	110/70	84/mnt	128mg/dl	99%	98°F	-	<u>ASingh</u>
	1 ^{Pm}	116/68	88/mnt	140mg/dl	99%	98°F	-	<u>ASingh</u>
	3 ^{Pm}	110/70	78/mnt	142mg/dl	99%	98°F	-	<u>ASingh</u>
10/10/22	10 ^{Am}	120/82	86/mnt	130mg/dl	99%	98°F	-	<u>ASingh</u>
	12:30 ^{Pm}	110/70	74/mnt	126mg/dl	99%	98°F	-	<u>ASingh</u>
	3:50 ^{Pm}	122/74	86/mnt	132mg/dl	99%	98°F	-	<u>ASingh</u>
11/10/22	10 ^{Am}	116/84	82/mnt	116mg/dl	99%	98°F	-	<u>ASingh</u>
	1 ^{Pm}	110/70	80/mnt	136mg/dl	99%	98°F	-	<u>ASingh</u>
	3 ^{Pm}	122/84	82/mnt	140mg/dl	99%	98°F	-	<u>ASingh</u>
12/10/22	10 ^{Am}	110/70	74/mnt	130mg/dl	99%	98°F	-	<u>ASingh</u>
	2 ^{Pm}	110/74	78/mnt	144mg/dl	99%	98°F	-	<u>ASingh</u>
	4 ^{Pm}	112/86	74/mnt	140mg/dl	99%	98°F	-	<u>ASingh</u>

VITALS CHART

Patient Name: Devender Kumar Sharma Patient ID: KRM001425

Age: 55 Sex: M Diagnosis: Leuprolide

DATE	TIME	TEM.	B.P	PULSE	SP.O2	PAIN	THERAPY	PATIENT FEEDBACK	PATIENT SIGN.	DOCTOR SIGN.
7/10/22	3pm	98°F	135/65	78/mt	99%	Nil	Aithyanga / Petrabind Pabhiswed Shirodhara / Nasya	Good	<i>[Signature]</i>	<i>[Signature]</i>
8/10/22	3pm	98°F	125/60	79/mt	98%	Nil	Same as above	Great	<i>[Signature]</i>	<i>[Signature]</i>
9/10/22	3pm	98°F	125/60	78/mt	99%	Nil	Same as above	Nice job	<i>[Signature]</i>	<i>[Signature]</i>
10/10/22	3pm	98°F	130/70	80/mt	99%	Nil	Same as above	Great	<i>[Signature]</i>	<i>[Signature]</i>
11/10/22	3pm	98°F	135/70	80/mt	99%	Nil	Shasthilepind Swed + MR	Good	<i>[Signature]</i>	<i>[Signature]</i>
12/10/22	3pm	98°F	130/70	78/mt	99%	Nil	Same as above	Good	<i>[Signature]</i>	<i>[Signature]</i>
13/10/22	3pm	98°F	130/70	80/mt	99%	Nil	Same as above	Good	<i>[Signature]</i>	<i>[Signature]</i>
14/10/22	3pm	98°F	130/70	80/mt	98%	Nil	Same as above	Nice	<i>[Signature]</i>	<i>[Signature]</i>

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MEDICATION HISTORY AND MEDICATION ADMINISTRATION MONITORING FORM

PATIENT NAME:	Mr. Devender Kumar Sharma	AGE:	55y/m	TYPE OF PT. - OPD/IPD/DAY CARE	☒
UHID:	KRM001425	ADDRESS:	Dilshad garden	GENDER	male
				ROOM NO.	1

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

- Tab Syndopa 1 tab - TDS x 2yrs.

ANY NON PRESCRIBED PATIENT USING WITH DOSE AND FREQUENCY -

CURRENTLY USING No

PREVIOUSLY USED No

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ALLERGIC

slight improvement $\bar{c}$ med. only.

[illegible]

NURSING STAFF SIGNATURE

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PROGRESS NOTES

UHID No: KRM001425 OPD No: KAOP1556 IPD No: Dry Case BED NO./ROOM No: 1

PH No. 9971987778

Δ Derender Kumar
Sharma

DATE:

7/10/22

TIME:

9:00 am

B.P.:

110/80

Pulse:

86/m

Temp.:

98°F

Pain:

ClO tremors in hand
stunned speech
Drooping of eyes
walk imbalance } 2g

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Adv. Panchikarma

- Abhyanga Pind oil (200ml) - 30ml
- Pottipindi pott. Swed - 30ml
- Shasthikuli pind Swed - 30ml

DATE:

TIME:

matras Bait - Shasthikuli oil - 30ml

Pulse:

Temp.:

Pain:

Shirodhara - Shasthikuli oil (2L) - 30ml
Narya - Anu tail - 30ml

R

- Kanchu benj powder

1/2p — 1/2p — BD x 1/1
x water

9-60
0 — 0 — BD x 1/1 x
water

Bochni vali

0 — 0 — BD x 1/1
x water

- triphala gey

1/2 p — KRM AYURVEDA PVT.
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PROGRESS NOTES

UHID No: KRMO01425 OPD No: KROP 1556 IPD No: Day Care BED NO./ROOM No: 1

PH No. 9971987778

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain:

8/10/22

03:00 pm

114/82

80/mt

98°F

- Pt is stable, oriented,
vitals stable,
no fresh complaint
Continue the Serum
(as per timetable)

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9/10/22

3:00 pm

Bp- 110/70

Pulse- 78/mt

Temp- 98°F

A feel improvement in
sleep, feel energetic

- Continue the Serum
(as per timetable)

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10/10/22

3:50 pm

Bp- 122/74

Pulse- 82/mt

Temp- 98°F

Pt oriented, stable
Continue the Serum
(as per timetable)

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PROGRESS NOTES

UHD No: KRM001425 OPD No: KAP1556 IPD No: Day Care BED NO./ROOM No. 1

PH No. 9971987778

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain:

11/10/22
3:00 PM

12/10/22
2:00 PM

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain:

13/10/22
3:00 PM

Bp- 110/80

Pulse-78/mnt

Temp- 98°F

Pt oriented, stable,
no fresh complaint
feel energetic, St/fress
reduce.

Continue the
beating
(as per line 1)

Pt stable,
vitals (n)

(no) fresh complaint
grip improve

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- No fresh complaint

- Continue the beating
as advised

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PROGRESS NOTES

UHID No: KRM001425 OPD No: KAOP1556 IPD No: Day Case

BED NO./ROOM No. 1

PH No. 9971987778

DATE:

TIME:

B.P.:

Pulse:

Temp.:

Pain:

14/10/22
3:00 pm

110/80

82/m

98°F

PT Stable, no fresh
complaints.
Delected.

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15/10/22

3:00 pm

Bp- 120/80

Pulse - 82/m

Temp - 98°F

PT Stable, no fresh
complaints, Delected.
improvement in power,
grip improve.

Plan for discharge
tomorrow

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16/10/22

3:00 pm

Bp- 112/68

Pulse - 86/m

Temp - 98°F

- PT Stable,
- tremors (+ -)
- Strength improve
- grip improve

- Continue the med. as advised
discharge for

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DISCHARGE SUMMARY/अस्पताल से छुटी की पर्ची

Patient Name/रोगी का नाम:	Patient UHID No./रोगी कर्मांक: KRM001425
Age / Sex/आयु/लिंग: Devender Kumar Sharma	Patient IP No./आन्तरिक रोगी कर्मांक: Day Care
Address/पता: 55/M Dikshad Garden/ Delhi	DOA / Time/भर्ती की तिथि: 7/10/2022, 9:00am
	DOD / Time/छुटी की तारीख: 16/10/2022, 4:00pm.
	Duration: 10 days.

Complaints on Admission:

Symptoms/लक्षण	Intensity/तीव्रता	Duration/अवधि
Tremors in hand	++	} 2y.
Shivered speech	++	
Drooping of eye lashes	++	
walk unbalanced	++	

General Examination/सामान्य परीक्षा:

B.P.	110/80 mmHg
Appetite	Reduced.
Bowel	Constipation (stool not hard.)
Sleep	not 5-6 hr.
Micturition	(N)

Investigation done as on/...../..... / जाँच रिपोर्ट

No done.

Diagnosis/रोग निदान:

Kampavata

Treatment/इलाज

1. Medicine at admission:

- Kaunch beej Powder 1 tsp B.D τ water x 10/11
- G-60 1 tab B.D τ water x 10/11
- Brahmi tab 1 tab B.D τ water x 10/11
- Triphala yog 1/2 tsp - B.D τ water x 10/11 x 2 months

2. Treatments / Procedures done:

Date	Morning Treatment	Evening Treatment
7/10/22	Abhyang + PPS + Shirodhara + Nasya	
8/10/22	Abhyang + PPS + Shirodhara + Nasya	
9/10/22	Abhyang + PPS + Shirodhara + Nasya	
10/10/22	Abhyang + PPS + Shirodhara + Nasya	
11/10/22	SSPS + MB	
12/10/22	SSPS + MB	
13/10/22	SSPS + MB	
14/10/22	SSPS + MB	
15/10/22	SSPS + MB	

Note (टिप्पणी):

16/10/22 SSPS + MB.

Condition on Discharge (छुटी पर रोगी की स्थिति):

Symptoms	Intensity	Improvement (%)
Tremors in hand.	++	30%
Slurred speech.	++	30%
walks imbalanced.	++	10%

Discharge Medicines (आपशि):

- Kaunch beej Powder 1 tsp B.D τ water x 10/11
- G-60 1 tab B.D τ water x 10/11
- Brahmi tab 1 tab B.D τ water x 10/11
- Triphala yog 1/2 tsp - B.D τ water x 10/11 x 2 months

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Discharge Instructions: Follow the dietary guidelines as explained and practise Yoga & meditation everyday.

When to obtain urgent care:

- when pt. feel loose stool (5-6 times/day)
- hallucination
- tendency to fall (frequent)

How to obtain urgent care - in case of any emergency contact 8587926451

if any above symptoms occur, call on
8587926451

For appointment contact 9870555949

for appointment call - 9870555949

Sign & Stamp of Consulting Physician

Dr. MONIKA YADAV
BAMS

Date:

16/10/22

4:00 pm

Regd. No. DECP/A/8353

77, Tarun Enclave, Gate No. 2, Pitampura, Delhi-110034; Ph.: 011-47772777 | Mob.: 9560894545

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