SHUDDHI AYURVEDA PANCHKARMA CLINIC
(A Unit of Divya Upchar Sansthan)

Dr. Gitika Chaudhary
BAMS (Ayurvedacharya)
Registration No. 4315-1

Dr. Rachana
BAMS ,NDDY
Registration No. 5157-1

Dr. Bhawna Walia
BAMS (Ayurvedacharya)
Registration No. 26152

ORTHOCARE
- Joint Pain
- Cervical Pain
- Low Back Ache

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

GASTOCARE
- Acidity
- Constipation
- Liver Treatment

FACILITY
- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: Mukesh Kumar AGE: 34 SEX: M
W/o, D/o, S/o: Shri Pawan Kumar DATE: 24/05/2021
Chief Complain: Back Pain TIME: 9 AM
History

Menstrual History

c/o serove Back Pain
c/o unable to move stand
c/o Pain radiating to (R) leg x 10-15 days.

Diagnosis:

अष्टविध परिक्षा

स्पर्श

शब्द

Face (आकृति) Normal
Eye (दृष्टि) clear.
Jiwha (जिव्हा) Coated
Urine (मूत्र) Normal
Stool (मल) ठीक
Nadi (वात, पित्त, कफ) वात पित्तज
(Dash Vidha)

1. Prakrutii
2. Vikruti NO
3. Sara Normal
4. Samhana Normal
5. Pramana Normal
6. Satmya Normal
7. Satva Avar
8. Aahar Shakti Good
9. Vaya NO
10. Vyayum Shakti Madhya

Pt is advised For Admission

Adv

SLR (B) 45°
L 60°

1) Kati Basti (Usmin) Maharasnadyantailam
2) Abhyangam (Usmin) Dhanwantram tailam
3) Basti (Maharasnadyanuvasan tailam)
Anuvashan Basti - 75ml) After lunch.

Tab Shudhi Pain 1-0-1 BD
Tab Pain Cur 1-0-1 BD
Madhya/Sufi Maharasnadi Kwath 40ml
TSP.

Vitals:

B.P: 120/80
Weight: 65 kg
Height: 5.4
RBS: 98 mg/dl

Paid Rs 10/10

NEXT CONSULATION DATE: 7/6/21

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Showroom No. 12 Kalgidhar Enclave,
Shimla Highway, Baltana, Zirkpur-140603

Nutritional Assesment → $BH^2 = \frac{65}{(1.65)^2} = 19.69$

→ 1200 calorie Diet Plan.

Day 1 to 3
6:30 AM Herbal tea
Then 8 AM – oats / Daliya / Poha.
to Be 12 PM – vegetable / Roti – 2 / Rice – 1/2 cup, Dal – 1 cup
Review 4 PM – Fruits (2 cup)

Review After 3 days.
8 PM – Mixed vegetable – 1 cup, Dal – 1 cup
Roti – 2.

Procedure details

Kati Basti – Benifits – Relief in Pain, Stiffness & swelling
Risk :– suspected in some cases ↑ in Pain
Alternative → PPRS

Basti → Benifits → Relief in Pain, Stiffness, Improved in movement
Risk – Loose stool, constipation.
Alternative – Sizbath, or Tri fla kwath ae enema.

Abhyayan → Benifit – Relief in Pain Stiffness, Release of Body
Risk. – Rashes, Allergy
Alternative – Taila dhara.

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SHUDDHI AYURVEDA PANCHKARMA CLINIC

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(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

INITIAL ASSESSMENT FORM

DATE: 24/05/2021 UHID : 8521 OPD : 5003

PATIENT NAME: Mr Mukesh Kumar F/Name: Shri Param Kumar.

PATIENT HISTORY:

ADDRESS (Province-District) : PHONE No:

PATIENT AGE:		F	M	Diagnosis: Acute lumbago	
1.	Civil Status	Single	Married	Number of children:	
2.	Job & Occupation	Armed forces	Farmers, fisherman	Non qualified worker	Technician ✓
		Office workers	Retired	Unemployed & not active	Student
3.	Education level	Can write ✓	Can read ✓	Class:	
4.	History of the trauma/illness	Date:		Circumstances/Etiology:	
	Associated diseases: Back Pain				
5.	Medical History/Treatment	Hospital: No		Care:	
	Evolution since the beginning	Improved	Worse	Remarks: X	
	Medication:			X-ray/Other ex: No	

MENTAL PROFILE	VATA		PITTA		KAPHA	
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 relationship , romance
Sleep	☐	Interrupted light	☐	Sound ,medium	☑	Sound ,heavy long
Speech	☑	Fast sometimes missing words	☐	Fast sharp clear cut	☐	Sound ,clear ,sweet
Voice	☐	High pitch	☑	Medium pitch	☐	Low pitch
Mental profile						
Eating speed	☐	Quick	☐	Medium	☑	Show
Hunger level	☑	irregular	☐	Sharp need food when hungry	☐	Can easily miss meals
Food and drink	☐	Prefers warm	☑	Prefers cold	☐	Prefers dry and warm
Achieving goal	☐	Easily distracted	☐	Focused of driven	☑	Slow and steady
Giving/donation	☑	Gives small amounts	☐	Gives nothing or large amount infrequently	☐	Gives regularly and generously
Relationships	☐	Many casual	☑	Intense	☐	Long lasting
Sex drive	☐	Variable or law	☐	Moderate	☐	Moderate
Works best	☑	White supervised	☐	Alone	☐	Alone
Weather preference	☐	Aversion to cold	☑	Aversion to heat	☐	Aversion to damp
Reaction to stress	☐	Excites quickly	☐	Medium	☐	Slow to get excited
Finances	☑	Doesn't save spends quickly	☐	(Save but big heat)	☐	Save regularly accumulates wealth

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Friendship	☑	Tends towards short term friendship makes friends	☐	Tends to be a longer friends related to occupation	☐ Tends to form long

8.	Medical and Social Support			
	Ant old disease Live DM,HTN Etc.	Yes	No	Comments:
	History of Surgery	Yes	No	Comments:
	History of	Good	Bad	Comments:

9.	Main patient's concerns:
10	Main patient's expectations:

Current Treatment: 1st | 2nd | 3rd/>

Remarks:

Date 24/05/2021

Diet

Breakfast	Lunch	Dinner	Night
दलिया खिचड़ी + पनीर (200g) दलिया + पपीता/किवी पोहा	मूंग दाल + रोटी + सलाद रोटी + मूंग - मसूर दाल रोटी + मूंग दाल + सब्जी रोटी + मूंग दाल + सलाद + गुड़	खिचड़ी + दाल दलिया रोटी + सलाद + सूप - मसूर दाल खिचड़ी + दाल	——— ——— ——— ———

Date 30/05/2021

Diet

Breakfast	Lunch	Dinner	Night
खिचड़ी + पनीर (200g) दलिया खिचड़ी + पोहा दलिया + पपीता + किवी	दलिया + पोहा खिचड़ी + दाल ~~सूप~~ + मसूर दाल + रोटी + सलाद मूंग + मसूर दाल + रोटी	सूप दाल + मूंग मसूर दाल + रोटी + सलाद मूंग दाल + मसूर दाल + रोटी दलिया ———	——— ——— ——— ———

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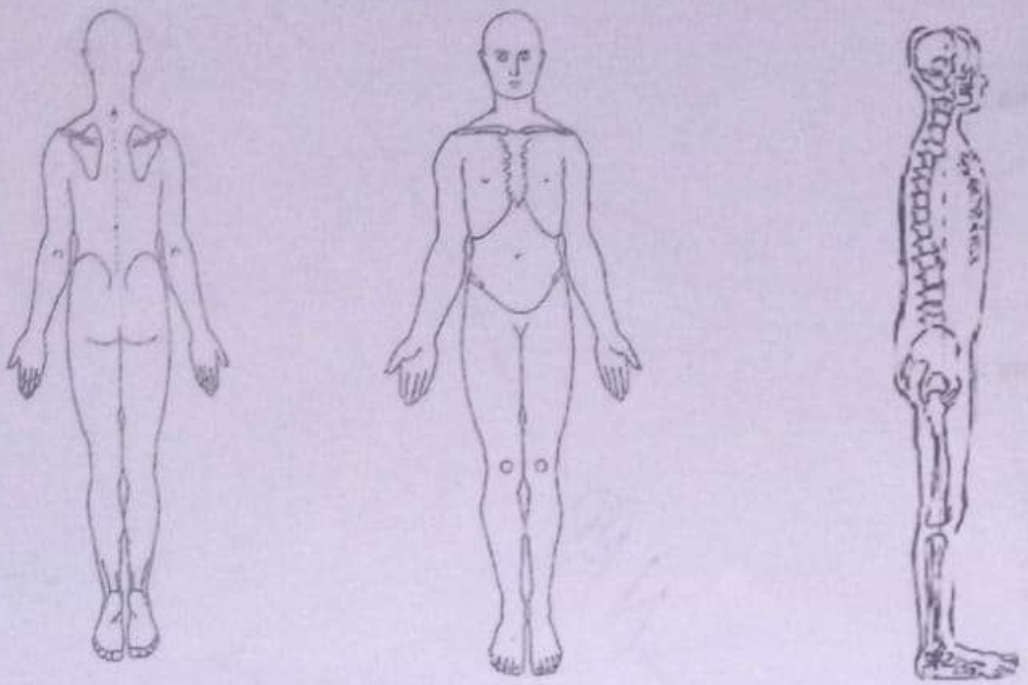
Physical Examination:

Mark on the body-chart deformities or joint anomalies, back deformities or anomalies, edema, shoulder subluxationetc.



Remarks: Local tenderness (+)
Local Stiffness (+)
Swelling - mild (+)

Skin & Soft tissues problem

DISORDERS	Minor	Important
Swelling	+	
Callus	—	
Scar	—	
Wound	—	
Temperature	(N)	
Infection	— NO —	
Pain	+ +	
Abnormal Sensation	(NO)	

Sensation

Sensitivity	R	L	(Specification)
Superficial	+	+	
Deep	—	—	
Numbness	+	+	
Paresthesia	—	—	
Other			

SLR Test REFAXYED — Rt. 45°, Lt 60°

Details Discription of Disease

	Comments
Onset	Sudden onset,
Additional Disease	N/O H/O DM / HTN / CAD
Allergy	— NO —
Pass Treatment	Pt had taken allopathic treatment from Private clinic for Lower back pain.

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Shimla Highway, Baltana, Zirakpur 140603

GRUTHYAH ANALYSIS

- Weight :
- Daily Ghrit Intake :
- Lipid Profile :
- Menstrual History :
- Gravida :
- Menopause :
- Period Days :
- Pain During Period
- L M P
- EDD

Primary Infection

Secondary Infection

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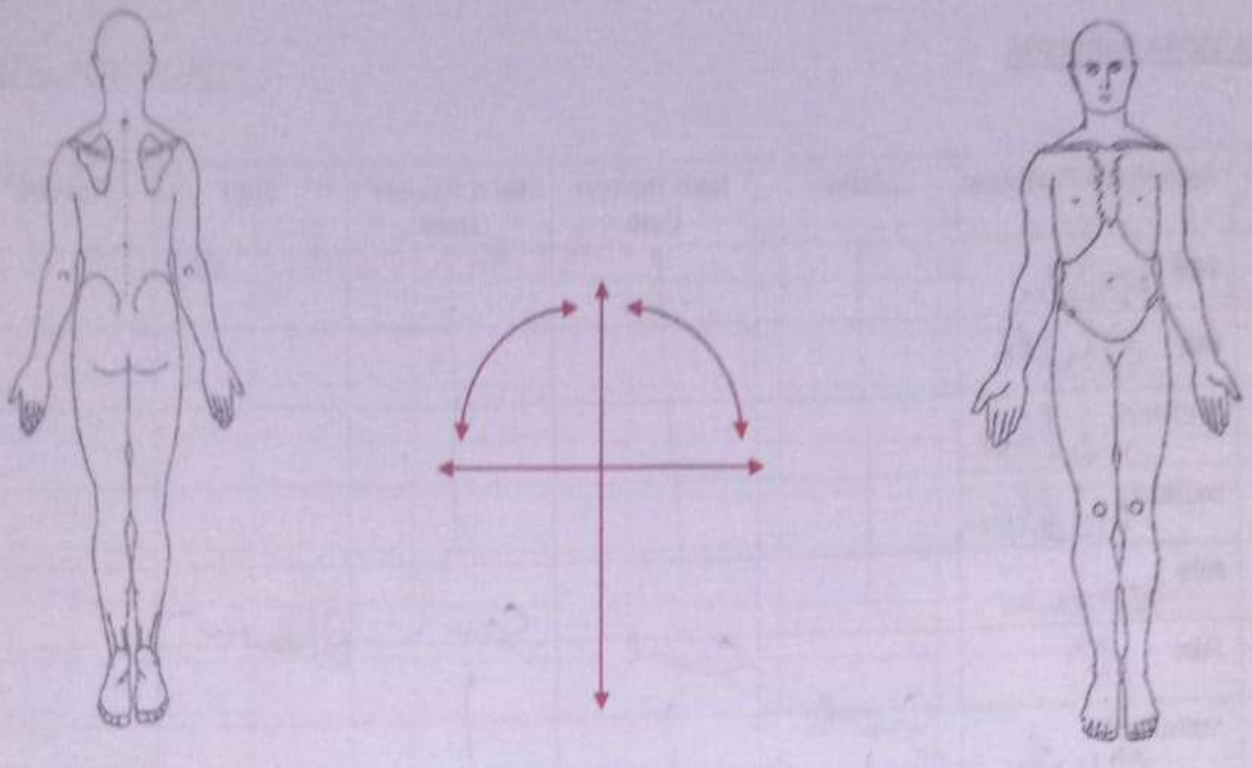
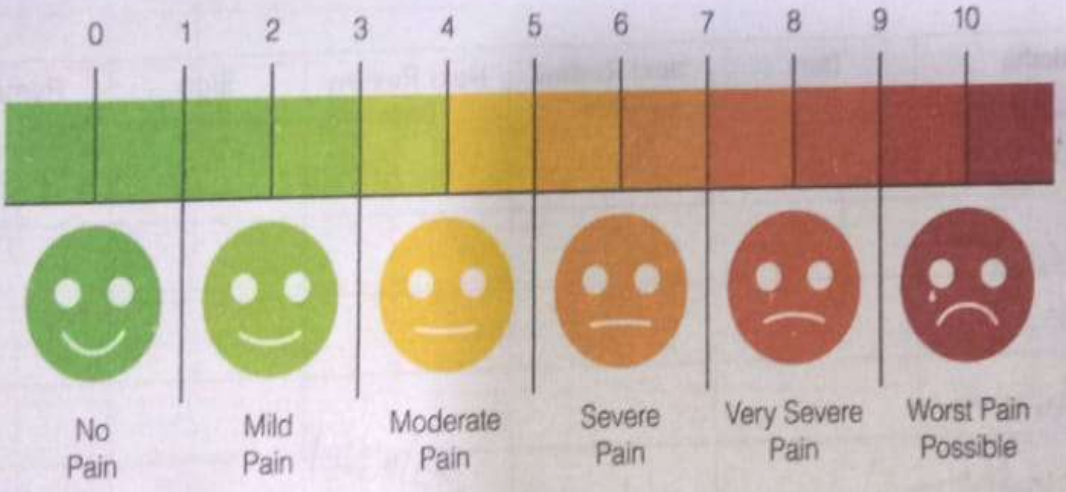
S

Body chard of pain/symptoms distribution:



Pain Score 10/10

PAIN SCALE



Pt has severe pain in lowerback ie. admitted in our hospital.

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GENERAL EXAMINATION ASSESEMENT

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श Mridu					
2.	शब्द Spashta					
3.	Face (Akruti) madhyam					
4.	Eye (Drika) Madhyam					
5.	Jiwha Nram.			Same	Bhavna	✓
6.	Urine (N)	Same	Same			
7.	Kastha (Stool) Mridu					
8.	Nadi (~~वात~~, ~~पित्त~~,कफ)					

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti वात पित्त antrat					
2.	Vikruti Madhyam					
3.	Sara Madhyam					
4.	Samhana Avara					
5.	Pramana Madhyam		7/06/21	22/06/21	Bhavna	No
6.	Satmyaa Madhya	24/05/21				
7.	Satva Madhyam					
8.	Aahar Shakti Madhya.					
9.	Vaya madhya					
10	Vyayani Shakti Avara					

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VITAL ASSESEMENT :

S No.	B.P	Pulse Rate	Temp.	Date	Next Date	Next Date	Next Date	Next Date
1.	120/80	84/M	98.3F					

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PANCHKARMA THERAPY ASSESEMENT :

S No.	Therapist Given	Improvement in complaint	Change in Treatment Next Followup Date	Therapy	Sign
1.	Kati Basti Basti Abhyagam.	NO	NO	Same.	Rawa

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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:						

GAIT ANALYSIS				
Functional Quality of the gait	Normal	Good	Poor	Comments:
1. SAFETY	✓			
2. CADENCE	✓			
3. SPEED	✓			Speed is (N) but has pain
4. FATIGUE	✓			

Next Follow Plan Follow up after 15 days in OPD 9am to 2PM.

Next Follow Date Follow upon

Till Next Follow Diet Care :- Follow same diet care for next 7 days.

Till Next Follow Fife Style Change Follow same life style advised.

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PANCHKARMA TREATMENT PLAN

POORVA KARMA

Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	

NA
Pt admitted direct in hospital.
sudden sever of Pain

PRADHA KARMA

Days Medicine	7days of + treatment ① Abhyagan - Dhanwantram ② Kati Basti - Maha narayan oil ③ Anuvasan - Maha narayan oil
Risk, Benefits	① Risk of Abhyagan - Skin allergy Benifits of abhyagan - Pain Relif Basti ② Risk of Basti - Inflamation
Next follow up advice after 7 day	Benifit of Basti - Pain relif
Next follow up date	Risk of Kati Basti - Pain ↑↑ ③ Benifits of Kati Basti - Relif in Pain

PASCHAT KARMA

Days Medicine	Ayurvedic treatment as advised for 1day (Medicine are advised on discharge summary)
Risk, Benefits	① Pain many ↑↑ ② Fever onset ③ stiffness ① Relif in Pain ② Good appetite ~~③ stiffness ↓↓~~ ③ stiffness ↓↓
Next follow up advice	Follow up after 7days ④ swelling ↓↓
Next follow up date	

Aahar to follow - Laghu supachay Ushna sarvare
~~Anupine~~ Aahar.

Vihar to be follow - Yoga, Pranaya, Aashna, Anukoot.
vatavaran for Sarf

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Shuddhi

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Upchar Sansthan)
(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

UHID: 8521 OPD: 5003 Room No. 1

PH No. 9041790101

PROGRESS NOTES

INTIAL ASSESSMENT

* Chief Complaint :- Pt. comes c c/o
  - severe back Pain
  - unable to move and stand
  - Pain radiating to (R) Leg.

* History of Present illness :- Pt. was healthey before 20-25 days Then suddenly he started to fast Lower backache. Pt. took allopathic medication from private clinic but not got relieved. on day by day Pain aggrivated and Pain from Lowerback readiate to Right leg. Pt. was suffering from 10-15 days and now admitted here for further treatment.

* Past History :- NAD

* Personal History :- NO H/o DM/HTN/Asthma

* Family History - NAD

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SHUDDHI AYURVEDA PANCHKARMA CLINIC

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(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Nutritional Assessment Form

I. Identifying Information

Full Name: Mr. Mukesh Kumar Date: 24/05/2021

UHID No : 8521 Age: 34y Sex : M

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

Referring Clinician: N/A

Reason(s) for visit: He is admitted for Panchkarma Treatment

II. Medical History (please give full details)

- Diabetes YES/NO HBA1c.....since.....Medication
- HTN YES/NO Last recorded value .....since.....medication
- CAD YES/NO STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE.....MEDICATION

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

If yes, please specify: - Nothing Significant

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 : Pure Vegeterian.
- Daily working hours:
- Exercise :
- Job profile :
- Height :
- Weight :

Have you ever been diagnosed or do you suffer from anxiety? Yes or No

If yes, please explain NO

Have you ever been diagnosed or do you suffer from depression? Yes or No

If yes, please explain NO

Have you ever been diagnosed or do you suffer from an eating disorder, such as, anorexia, bulimia, or binge eating? Yes or No

If yes, please explain No

Doctor Signature	Patient Signature

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Shuddhi AYURVEDA

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

UHID 8521 OPD 5003 Room No 1 Date 24/05/2021

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Mr. Mukesh Kumar

Name Of Father/Husband(पिता/पति का नाम) Shri Pawan Kumar

Date Of Treatment(उपचार की तिथि) 24/05/2021 Time of Treatment(उपचार का समय) 10 AM Age(उम्र) 34 Sex(लिंग) M

Assistant Doctor (सहायक उपचारक) Dr Rachana

Doctor Incharge(संचालक उपचारक) Dr Bhawna Uniyal

Treatment end Date(उपचार समाप्ति तिथि) 30/05/2021 Time End Of Treatment (उपचार का समय समाप्त) 05:30 PM

Operation (If Any) Sever Back Pain

Procedure(प्रक्रिया) Panchkarma treatment

Diagnosis(रोग निश्चय) Acute lumbago

Address & Phone No.(पता एवं फोन नं.) H No-110, Jora Basti, Patra Diss-Patiyala Punjab (9815371528)

Result	Cured/Relived	Investigation Only	Expired

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

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on basis at Shuddhi Ayurveda Panchkarma Clinic (A Unit of Divya Upchar Sansthan) at my own and i am ready for the medical system treatment . I am giving my concern after understanding benefit and out come of treatment the information given by me are absolutely correct .

मैं अपनी मर्जी से शुद्धि आयुर्वेद पंचकर्म क्लिनिक (आ यूनिट ऑफ़ दिव्य उपाचार संस्थान) डे केयर 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 पूर्णत: सही है |

Dated (दिनांक) 24/05/2021

Signature (हस्ताक्षर) Mukesh

Attendent (प्रत्यक्षी) Shalini

Relationship with Patient (रोगी के साथ सम्बंध) Self

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Terms & Conditions

1. I have opted on my own for admission into this clinic and will pay the bills as clinic 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 Clinic 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 Clinic 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 क्लिनिक में प्रवेश के लिए अपना खुद का चयन किया है और क्लिनिक 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 |
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 | क्लिनिक 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: क्लिनिक 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)..24/05/2021.....

Signature (हस्ताक्षर).....Mukesh.....

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

Witness(प्रत्यक्षी).....Self.....

Shuddhi Ayurveda Panchkarma Clinic
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Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Panchkarma Consent

UHID 8521 OPD 5003 Room No. 1 Date 24/05/2021

Patient's Name (रोगी का नाम) Mr. Mukesh Kumar

Father's/ Husband's Name (पिता/पति का नाम) Shri Pawan Kumar

Date (दिनांक) 24/05/2021 Age (उम्र) 34y Sex (लिंग) M

Address & Phone no. (पता एवं फोन नं.) H No-110, Isra Basti (9815371528)

Risk (जोखिम) Kati Basti – Pain TT, Abhyagam – Skin allergy Basti – Loose stool

Alternative (विकल्प) Kati Basti – PPPS, Abhyangam Tailadhara Basti – Sitabathu Triflakwath Basti

Treatment Benefits – Relief in Pain, Swelling, Stiffness

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: ज़िम्मेदारी मेरी स्वयं की होगी |

- थैरेपिस्ट का नाम Pawan थैरेपिस्ट हस्ताक्षर Pawan
- डाक्टर का नाम Dr. Bhawana Walia रोगी के हस्ताक्षर Bhawanawalia
- प्रत्याक्षी Self दिनांक Self

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: ..... Therapist's Signature .....
- Doctor's Name ..... Patient's Signature .....
- Witness ..... Date .....

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Shuddhi AYURVEDA

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UHID 8521 OPD 5003 Room No 1 Date 24/05/2021

PROCEDURE

I Mukesh Kumar W/o, S/o, D/o Shri Pawan Kumar
R/O H.No-110, Jora Basti, Patra Diss Patiyala
Date of Admission 24/05/2021 Age 34Y Sex M
Has been clearly explained about the Procedure Kati Basti, Basti, Abhyangam
By Dr. Bhawana waliya

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 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 concent for the procedure mention about.

मैं ..... पिता/पति का नाम ..... पता .....
..... (दिनांक) ..... उम ..... 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) Mukesh
Signature (हस्ताक्षर) Mukesh
Date (दिनांक) 24/05/2021
Place (स्थान) Baltana Zirkpur
Witness (प्रत्यक्षी) Self

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Doctor's Name (डॉक्टर का नाम) Dr Bhawana waliya.
Signature (हस्ताक्षर)
Date (दिनांक) 24/05/2021

Shuddhi Ayurveda Panchkarma Clinic
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UHID 8521 OPD 5003 Room No. 1 Date 24/05/2021

PROCEDURE

Patient's Name(रोगी का नाम) Mr Mukesh Kumar

Father's/Husband's Name (पिता/पति का नाम) Shri Pawan Kumar

Date (दिनांक) 24/05/2021 Age (उम्र) 34Y Sex (लिंग) M

Procedure Perform (प्रक्रिया) Kati Basti, Basti, Abhyangam.

Provisional Diagnosis (रोग निश्चय) Acute lumbago

Final Diagnosis (रोग विनिश्चय) Acute lumbago

Doctor Name (चिकित्सक नाम) Dr Bhawna waliya.

Therapist Name(सहायक नाम) Pawan.

Details of Therapy :

Kati Basti (Mahanaraya tailam) x7 days.

Basti (Mahamasyatailam) x7 days.

Abhyangam (Dhanwantram tailam) x7 days.

Doctor's Name (चिकित्सक नाम) Dr Bhawna waliya

Date (दिनांक) 24/05/2021

Signature (हस्ताक्षर) Bhawna

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Shuddhi

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UHID 8521 OPD 5003 Room No. 1 Date 30/05/2021
F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Mr. Mukesh Kumar Age (उम्र) 34Y Sex (लिंग) M

W/o, S/o, D/o(पिता|पति) Shri Pawan Kumar

Address (पता) H No - 110, Tora Basti

Treatment Start Date (उपचार प्रारंभ दिनांक) 24/05/2021 End Date of Treatment (उपचार की अंतिम तिथि) 30/05/2021

Treatment Start Time (उपचार प्रारंभ समय) 9 AM Treatment End Time (उपचार समाप्ति समय) 12:30PM

Chief Consultant (मुख्य चिकित्सक) Dr Bhawna Waliya.

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त) C/O Sever Back Pain
C/O Unable to stand and
move.
C/O Pain radiating to Rt leg
Sev (R) 48°

Past Medical History (पुराना चिकित्सा वृतान्त) NOT/1 ODI 4 / TT / N / CAD

Family History (कुटुंब वृतान्त) NO

Pain Scale – 10/10

VitaParameters

B.P 120/80
P/R 92/M
SUGAR 98/mgh
WEIGHT 65 kg
HEIGHT 5.4 FF

MENSTRUAL HISTORY

Astha Sthana Pariksha

1. NADI वातपित्तज
2. MALA Normal
3. MUTRA Clear
4. JIWHA Coated
5. SHABDA Clear
6. SPARSHA Warm
7. AKRUTI Normal
8. DRIKA Normal

Dash vidha Pariksha

1) Prakruti पित्तज
2) Vikruti NO
3) Sara Normal
4) Samhana Normal
5) Pramana Normal
6) Satmya Normal
7) Satva Pravara
8) Agni Madhya
9) Vaya NO
10) Vyayam Shakti Normal.

Shu INVESTIGATION EXAMINATION (जाँच)

NO

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

Δ Acute lumbago
· Kati Basti
· Basti
· Abhyangam.

DIET ADVISE ON DISCHARGE (आहार निर्देश) Diet as advice

Follow up (दोबारा कब आना है) After 7 days.

CONDITION AT THE TIME OF DISCHARGE

Home ☑ Dead ☐ Referred ☐ Lama ☐

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

PH No. 9313666675 / 9313666673

A) Pain

B) Swelling

C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Tab Shudh Kaish 1-0-1 with warm water

Tab Brhat vat chintamani Ras 1 Tab D with milk

Sap Maharasnadi Kwath 4-0-4 TSP

1 glass of water

Dr. Name Dr Bhawana Wel

Sign

Date 30/05/2021

Shuddhi Ayurveda Panchkarma
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Shuddhi

Shuddhi Ayurveda Panchkarma Clinic
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(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Mr. Mukesh Kumar Age(आयु) 34y Sex(लिंग) M

OPD: 5003 UHID No 8521

Address /पता: HND - 110, Jora Basti Patra Dist: Patiyala

Phone No./ फोन न.: 9813 Email / ईमेल :

Name of Doctor /डॉक्टर का नाम: Dr Bhawna Waliyan

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 ?	हाँ	
2.	Explained about diagnosis and treatment ?		
	निदान और उपचार के बारे में समझाया ?	हाँ	
3.	How is work experience of staff ?		
	कर्मचारियों का कार्य अनुभव कैसा है ?	अच्छा	
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 ?	हाँ	
5.	Did staff treat you with dignity and respect ?		
	क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	हाँ	
6.	How would you feel during treatment ?		
	इलाज के दौरान आपने कैसा अनुभव किया ?	अच्छा	
7.	Did you have confidence and trust in the staff ?		
	क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	हाँ	
8.	What one thing would you change about the department ?		
	इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		नहीं

Your comments / आपके सुझाव

Date: 5/11/2020

Signature (Clinic Authority)

Shuddhi Ayurveda Panchkarma Clinic
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Shimla Highway, Baltana, Zirakpur-140603

Signature (Patient/Guardian)

Signature (MD/MS)

Shuddhi Ayurveda Panchkarma Clinic

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(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

PAIN SCORING CHART

UHID: 8521 IPD: 00263 OPD: 5003

Name. Mr. Mukesh Kumar Age: 34y Sex: M

Consultant: Dr. Barwana waliyes, Date of admission : 24/05/2021

S.No.	Time	Date	Checked by	Pain Scoring
1	10AM	24	Pawan	10/10
2	10AM	25	Pawan	10/9
3	10AM	26	Pawan	10/8
4	10AM	27	Pawan	10/7
5	10AM	28	Pawan	10/6
6	10AM	29	Pawan	10/4
7	10AM	30	Pawan	10/2

S.No.	Time	Date	Checked by	Pain Scoring
1	5PM	24	Pawan	10/10
2	5PM	25	Pawan	10/9
3	5PM	26	Pawan	10/8
4	5PM	27	Pawan	10/7
5	5PM	28	Pawan	10/6
6	5PM	29	Pawan	10/4
7	5PM	30	Pawan	10/2

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VITAL CHART

Patient Name : Mr Mukesh Kumar Gender : M DoA 24/05/21 UHID No. : 8521

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
24/05/21 10 AM	65kg	98.5	120/80	90/M	18/M	10/10	Pawan
24/05/21 5 PM	65kg	98.6.	130/80	90/M	20/M	10/10	Pawan
25/05/21 10 AM	65kg	98.4	120/80	90M	20/M	10/9	Pawan
25/05/21 5 PM	65kg	96.2.	120/80	88/M	20/M	10/9	Pawan
26/05/21 10 AM	65kg	98.5	120/80	90/M	20/M	10/8	Pawan
26/05/21 5 PM	65kg	98.4	120/80	90/M	20 M	10/8	Pawan
27/05/21 10 AM	65kg	97.6	120/80	90/M	18/M	10/7	Pawan
27/05/21 5 PM	65kg	96.4	120/80	90/M	18/M	10/7	Pawan
28/05/21 10 AM	65kg	96.8	120/80	90/M	20/M	10/6	Pawan
28/05/21 5 PM	65kg	97.2	110/80	90/M	20/M	10/6	Pawan
29/05/21 10 AM	65kg	97.6	120/80	80/M	20/M	10/4	Pawan
29/05/21 5 PM	65kg	96.8	120/80	80/M	20/M	10/4	Pawan
30/05/21 10 AM	65kg	98.2	110/70	82/M	18/M	10/2	Pawan
30/05/21 5 PM	65kg.	96.2	120/80	90/M	18/M	10/2	Pawan

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Shuddhi AYURVEDA

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Charges Concern Form

Name (नाम): Mr. Mukesh Kumar DOA (भर्ती की तारीख): 24/05/2021

Age (उम्र) 34Y Sex (लिंग) M UHID : 8521 OPD : 5093

W/O, S/O, D/O (पिता/पति) : Shri Pawan Kumar Day Panchkarma: Yes

Consultant Name (चिकित्सक नाम) : Dr Bhawana waliya

Provisional Diagnosis(रोग निश्चय) Sever Back Pain

Final Diagnosis(रोग विनिश्चय) : Sever Back Pain

1. Procedure details (प्रक्रिया विवरण): Abhyayam, Kati Basti, Basti
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) —
3. Nursing Charges (नर्सिंग शुल्क) —
4. Package Charges Procedure wise
   - A: Abhyayam 1500X7 - 10500
   - B: Kati Basti 800X7 - 5600
   - C: Basti 2000X7 - 14000
   - D:
   - E:
5. Doctor Fees (चिकित्सक शुल्क) —
6. Medicine (approx) costing :
7. Consumable (approx) charges :
8. Accessory (approx) charges :
9. Diet Charges (आहार शुल्क) : —

Total Estimated Package Rs. 30100/-

Patient Signature

Shuddhi Ayurveda Panchkarma Clinic
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Shimla Highway, Baltana, Zirkpur-140603

Checklist Signature

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Daily Feedback Form

Name Mr. Mukesh Kumar Age 34Y Gender M Date 24/05/2021

PRESENTING COMPLAIN (वर्तमान दुःख के लक्षण)

- Sever Back Pain
-
-
-
-

PATHYA/APATHYA

S.NO	DATE	TIME	TREATMENT	COMPLAIN	RECTIFICATION	Improve	Not Improve	Pt.SIGN.
1	24/05/21		Kati Basti Abhyayan. Basti	NO	NO	✓		Pawan
2	25/05/21		Kati Basti Abhyayan. Basti	NO	NO	✓ ✓		Pawan
3	26/05/21		Kati Basti Abhyayan. Basti	NO	NO	✓		pawan
4	27/05/21		Kati Basti Abhyayan. Basti	NO	NO	✓		Pawan
5.	28/05/21		Kati Basti Abhyayan. Basti	NO	NO	✓		Pawan
6	29/05/21		Kati Basti. Basti Abhyayan.	NO	NO	✓		Pawan
7.	30/05/21		Kati Basti. Basti Abhyayan.	NO	NO	✓		Pawan.

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Upchar Sansthan)
Showroom No. 12 Kalgidhar Enclave,
Shimla Highway, Baltana, Zirkpur-140603

Shuddhi Ayurveda Panchkarma Clinic

(A Unit of Divya Upchar Sansthan)

(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Covid-19 Mandatory Self Declaration Form

Name : Mr. Mukesh Kumar Date :

Address H.No-1162 Jara Basti, Patra, Diss: Patiyala

Age : 34Y Contact Number : 9815371528 Gender :M/F M

OPD : 5003 IPD 00263 UHID : 8521

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the Shuddhi Ayurveda Panchkarma (A Unit of Divya Upchar Sansthan) Clinic 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 ✓
Diarrhoea	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?

  yes

- 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 clinic 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.

Shuddhi Ayurveda Panchkarma Clinic (A Unit of Divya Upchar Sansthan) Showroom No.12 Kalgidhar Enclave, Shimla Highway Baltana Zirkpur-140603

Signature

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Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Divya Upchar Sansthan)
(SHOWROOM NO.12 KALGIDHAR ENCLAVE, SHIMLA HIGHWAY BALTANA ZIRKPUR-140603)

Daily Medication Schedule

UHID: 8521 OPD 5003 Date : 24/05/2021

Patient Name : Mr Mukesh Kumar DOA: 24/05/2021

Allergies : Nothing

Consultant : Dr Bhawna Waliya.

PERSONAL MEDICATION RECORD		
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:

NAME OF DRUG	DOSE	DATE	TIME OF DRUG	
			8AM	8PM
Tab Shuddhi	2BD	24/05/21		
" Pain	2BD		8 "	"
Syp Maharasthadi	4TSP		"	"
Tab Shuddhi	2BD	25/05/21	"	"
Tab Pain	2BD		"	"
Syp Maharasthadi	4TSP		"	"
Tab Shuddhi	2BD	26/05/21	"	"
Tab Pain	2BD		"	"
Syp Maharasthadi	4TSP		"	"
Tab Shuddhi	2BD	27/05/21	"	"
Tab Pain	2BD		"	"
Syp Maharasthadi	4TSP		"	"
Tab Shuddhi	2BD	28/05/21	"	"
" Pain	2BD		"	"
Syp Maharasthadi	4TSP		"	"
Tab Shuddhi	2BD	29/05/21	"	"
" Pain	2BD		"	"
Syp Maharasthadi	4TSP		"	"
Tab Shuddhi	2BD	30/05/21	"	"
" Pain	2BD		"	"
Syp Maharasthadi	4TSP		"	"

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