VRINDAVAN AYURVEDA CHIKITSALAYAM

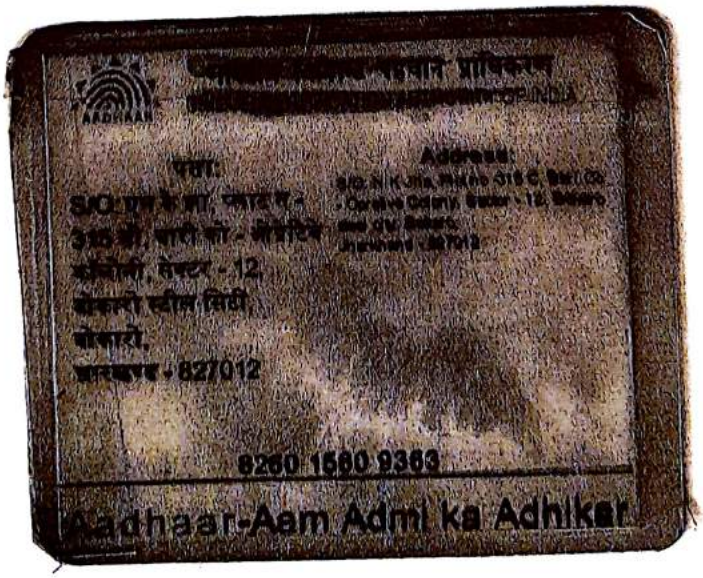
Shivalik Foothills, Village Thana, EPIP -II, H.P
Ph:01795667166, +91 7901778899

OP RECORD

OPD No	:	1			
UHID No	:	783			
Full Name	:	AWDHESH KUMAR JHA			
DOB	:	30/06/1980 09:31:21			
Gender	:	Male	**Age**	:	42
Address	:	S/O; N.K JHA PLOT NO- 315 C, BARI CO-OPREIVE COLONY, SECTOR-12, B/ JHARKHAND			
E-mail ID	:	@			
Nationality	:	India	**Mother Tounge**	:	
Profession	:				
Marital Status	:	MARRIED			
Name of person accompanied by	:	,			
Contact Tel	:	9816954361			
Admission Date	:	09/04/2022			
Suggested Duration of Treatments	:				
Bed Number	:				
Chief Physician	:	Dr. Akanksha			
Consulting Doctor	:	Dr. Akanksha			

Printed on 2022/04/09 10:38:09 AM


अवधेश कुमार झा
Awdhesh Kumar Jha
6260 1560 9363
आधार - आम आदमी का अधिकार


AADHAAR
Address:
6260 1560 9363
Aadhaar-Aam Admi ka Adhikar

O.P. CASE SHEET

Weight: 65.90 Kg.

MHID 783. Date: 09/04/2022.

Doctor's Name: DR. AKANKSHA. Time: 4:00 P.m.

Name: AWDHESH KUMAR JHA Age: 48 Sex: M.

Address S/o. N. K. JHA, PLOT No. - 315 C,
BARI Co - OPERATIVE COLONY, SECTOR-12, JHARKHAND.

Name of Father/Husband/Nearest: N. K. JHA.

Ph. No: 9816954361 Mob. No: 9418514682 Passport / Adhar Card No: 82601560 9363

No.	Present Complaints with Description	Duration
C/o.	Sugar ↑ Cunder medicine control	Since 1 Year back.
	No H/o B.P.	
	No H/o CHOLESTROL	
	Water Consumption 2Lt. per day.	
H/o	Veg & Non Veg.	
	Smoking daily.	B.f → 8:00 Am.
	Alcohol rare.	Lunch → 1:00 P.m.
	Pigmention on face.	Dinner → 9:00 P.m.
	Abdominal pain sometime.	

History of present illness : High Sugar since 1 Year back under Medicine Control.

Associated illness: DM/HTN/CAD/ASTHMA/PILES

History of past illness : No.

Personal and Family History:

Appetite: Poo Appetite Bowel: Constipation Micturtition: No.

Sleep: Good Menstrual History: No.

Physical Examination : वात पित्त ↑es.

Investigation Report : Blood Sugar (F) → 253.7
Blood Sugar (PP) → 331.3.

Growth Status – Normal

Immunisation Status – Normal.

Pain Score – 8/10.

Nutritional Risk – No.

Any Drug Allergies – No.

Diagnosis: Diabetes Mellitus Type 1. Or. Prmeha.

Treatment:

1) Kathakadiradi Kashayam 15ml + 60 ml Lukewarm Water 6 Am & 6 P.m. Before food.

2) Nishakathakadi Kashayam Tab 2-0-2 ē Kashayam 6 Am & 6 P.m. Before food.

3) ABHRAK BHASMAM CAP. 2 CAP. ē NORMAL WATER. 8 Am & 8 Pm After food.

4) RHEUMA CALM TAB. 2 TAB ē NORMAL WATER 8 Am & 8 Pm After food.

5) BRUHATH TRIPHALA CHOORNAM 3/4 TSP ē ONE GLASS WARM WATER BED TIME.

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Akanksha.
Reg. No. 6145
09/04/2022.
4:10 P.m.

Vrindavan Ayurveda Chikitsalayam
(unit of R.P Garg and Associates)
Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

VRINDAVAN AYURVEDA CHIKITSALAYAM

VRINDAVAN AYURVEDA CHIKITSALAYAM
(Unit of R.P Garg and Associates)
Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh – 173205

Nutritional Assessment Form

I. Identifying Information

Full Name: AWDHESH KUMAR JHA. Date: 09/04/2022.

UHID No : 783. Age: 42 Sex : M.

Ethnicity: Hindu ☑ Islim Ch☐tian Sikh ☐Jain ☐ribe ☐ther: - ☐ ☐

Referring Clinician: No.

Reason(s) for visit: c/o High Sugar since 1 Year back.

II. Medical History (please give full details)

- Diabetes YES/NO HBA1c...7.4...since..Under..Medication
- HTN YES/NO Last recorded value .....since.....medication
- CAD YES/NO STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO REPORTS.....SINCE.....MEDICATION
- . MENTRUAL HISTORY MENSTRUALCYCLE.....MEDICATION

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

If yes, please specify: -_____

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

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

*If yes, which ones*_____

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

If yes, what _____

Do you have any chronic illnesses? Yes or No

If yes, please explain_____

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

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

If yes, what medication and what dosage METAFORMIN TWICE DAILY(500mg).

Please explain about

- Appetite : Poor Appetite.
- Food habits : Medium.
- Daily working hours: 7 hour.
- Exercise : 20 Minute
- Job profile : Engineer.
- Height : 165 c.m.
- Weight : 65.90 kg.

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

If yes, please explain_____

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

If yes, please explain_____

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

If yes, please explain_____

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Dr. Akanksha.
DR. AKANKSHA.
09/04/2022
4:03 P.M.

Doctor Signature

Patient Signature

...al Examination Assesement

...STA VIDHA PARIKSHA

S No	AstaVidhaPariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श	उष्ण				
2.	शब्द	मंद				
3.	Face (Akruti)	सामान्य				
4.	Eye (Dirka)	सामान्य				
5.	Jiwha	Brownish.				
6.	Urine	Yellowish.				
7.	Kastho (Stool)	क्रूर				
8.	Nadi (वात, पित्त,कफ)	वात पित्त ↑				

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti	सम				
2.	Vikruti	मध्यम				
3.	Sara	मध्यम				
4.	Samhana	सामान्य				
5.	Pramana	मध्य				
6.	Satmyaō	सत्व				
7.	Satva	मध्यम				
8.	Aahar Shakti	मध्यम				
9.	Vaya	प्रवर				
10	Vyayani Shakti	अवर				

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 5145
VRINDAVAN AYURVEDA MAHAVIDYALAYA

09/04/2022.
4:05P.m.

Vrindavan Ayurveda Chikitsalayam

Ref. No. 783.

Any Drug Allergies..... No.

Dr. AKANKSHA Prescription for AWDHESH KUMAR JHA. Age 42 M/F Date 09/04/2022.

RF. No.	Name of the Medicine	Dose	Route	Early Morning 6. am	Before Breakfast	After Breakfast	Before Lunch	After Lunch	Evening 6 P.m.	Before Dinner	After Dinner	Bed Time
1)	KATHAKADIRADI KASHAVAM	15ML	+60ML ORAL	Lukewarm Water.					✓			
2)	NISHAKATHAKADI KASHAYAM TAB	2TAB	NORMAL WATER. ORAL			✓					✓	
3)	ABHRAK BHASMAM CAP.	2CAP.	ORAL			✓					✓	
4)	RHEUMA CALM	2TAB	ORAL			✓					✓	
5)	BRUHATH TRIPHALA CHOORNAM	3/4TSP	ORAL	✓	ONE	GLASS		WARM WATER.				✓

x 7 days.

DR. AKANKSHA SONI
B.A.M.S. REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM
DR. AKANKSHA
09/04/2022.
4:15 P.m.

Please bring this while coming next time. Check medicines before leaving. Keep Original Bill with you.

Shivalik Foothills, EPIP-II, Vill. Thana, Baddi (Himachal Pradesh) Phone: +91 7901778899, (01795) 667166, Email:

Website:

VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh – 173205

Name of Trainer	DR. AKANKSHA.
Date of Training	10/01/2022.
Topic of Training	**High AlertMedications Training**

S NO.	Name	Designation
	DR. AKANKSHA.	Doctor
	"	Doctor
	HARSH	Pharmacist
	"	Pharmacist
	RIMPY	Therapist
	POOJA	Therapist
	NITYA	Therapist
	JIBIN	Therapist
	MELBIN.	Therapist

➢ High Alert Medications Training

- List of high alert medications have been developed and exhibited by all nursing units and departments. They are checked / verified twice before dispensing and administration.
- The drugs must be written as the approved name itself (preferably) without using abbreviations.
- When using brand names kindly ensure that only brands approved as per formulary is used.
- Specified dose written appropriately on the prescription or in the appropriate box of the Drug Chart.
- Units written using acceptable abbreviations i.e.ml, gm, mg. The words, units and micrograms must be written in full.

FEEDBACK FORM

Attended By

1) Rate The Level of Training information useful to you.

A. Good ☑ B.Average ☐ C. Below Average ☐

2) Rate the Level of Training Method of Explanation.

A. Appropriate ☐ B. Average ☑ C. Below Average ☐

3) Rate the Importance of Training.

A. Good ☑ B. Medium ☐ C. Not Good ☐

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Trainer Sign:

Attended by Sign:

FEEDBACK FORM

Attended By

1) Rate The Level of Training information useful to you.

A. Good ☑ B.Average ☐ C. Below Average ☐

2) Rate the Level of Training Method of Explanation.

A. Appropriate ☐ B. Average ☑ C. Below Average ☐

3) Rate the Importance of Training.

A. Good ☑ B. Medium ☐ C. Not Good ☐

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Trainer Sign:

Attended by Sign: