KRM ayurveda

Karma Ayurveda
Where Ayurveda Comes Authentic
(A unit of KRM Ayurveda)

Dr. Puneet B.A.M.S. (DU)
5th Generation in Ayurved
Regd. No.- DBCP/A/7990

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 20 - KAOP 2/49 8249859610
UHID KRM002099 Name Tirika Gupta / odisha Age/Sex 9/F Dated 6/12/22

Appetite - (N)
Urine Output - (N)
Bowel - (N)

Chief compaints with Duration- Patches
Lt. leg
Face
Lt. Ear
Lips
Nose
x 5-6 months

H/O

O/E
B.P. —
P.R. 106/mt
SPO2- 99%
Temp- 98°
wt - 30kg

Provisional/Final Diagnosis
श्वित्र

Advice
lab reports

Nil
No reports Available.

Rx

- Tb. Bakuchi x 2 tb. x Bd. x A/F c̄ water
- Bakuchi oil x 1 x LA. x A/F c̄ w
- Tb. LIV x 1-1 x Bd x A/F. c̄ water
- Tb. Panchtikt Ghrit Guggul x 1-1 x Bd c̄ water

2 months.

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

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Website: www.karmaayurveda.com | E-Mail: doctor@karmaayurveda.com Ph.: 011-4777 2777 | Mob.: 09871712050

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

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INITIAL ASSESSMENT FORM

Date: 6/12/22

Patient Name -:	Jivika Gupta		UHID :	KRM002090	
Address -:	Bhadrak, Odisha.		Contact No.	8249859610	
			Gender-:	F	Age-: 9 yr
Date of Illness	6/12/22		Our Ref-:	Online.	
Consulting Dr. Details :	Dr. Monika		Date Of Initial Assessment :	6/12/2022	
Height : 4'4"	Weight :	30 kg.	BP : –	Resprate :	99%.
	Blood Sugar :	–	TEMP : 98%.		
Hospital is Contact Number :	0114777-2777/9871712050		Vaccination Status :	–	

Patient 's Medical History:

Patches (+) in Lt. leg, face, Lt. Ear, Lips, Nose x 5-6 months.

History of injury:

No H/o Injury.

Current Physical findings:

white irregular patches (+) on Lt. leg, Lt. Ear, face (lips + nose)

Is treatment required? If yes treatment programme required, goal and number of sessions required

OPD Medication /IPD/Day Care/No Treatment(Referral)

Goals → Slow down disease progression

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MEDICATION HISTORY AND MEDICATION ADMINISTRATION MONITORING FORM

PATIENT NAME:	Jivika Gupta	AGE:	9yrs	TYPE OF PT.- OPD/IPD/DAY CARE	OPD
UHID:	KRM0020910	ADDRESS:	Odisha.	GENDER	F
				ROOM NO.	-
WHAT MEDICATIONS BEING USED - (CHECK WITH PRESCRIPTION) - FROM WHEN BEING USED					
Ointment - Psorolin B - from 2-3 months.					
ANY NON PRESCRIBED PATIENT USING WITH DOSE AND FREQUENCY -					
CURRENTLY USING	None				
PREVIOUSLY USED	None				
IMPACT OF MEDICINES:					
NO IMPROVEMENT	✓				
SLIGHT IMPROVEMENT	—				
ALLERGIC	—				

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NURSING STAFF SIGNATURE:

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MEDICATION GUIDELINES

Patient Name :-	Ishika Gupta	UHID :	KRM002090		
Address :-	Odisha.	Age :	9yrs	Gender :	F
Contact No.	8249851610	Diagnosis :	T2DM		

a. Tablet Bajrachi Dose 2 (B/F or ~~A/F~~), with water (OD/BD/TDS)
b. Tablet LW Dose 1 (B/F or ~~A/F~~), with water (OD/BD/TDS)
c. Tablet Punarnava Ghrit guggul Dose 1 (B/F or ~~A/F~~), with water (OD/BD/TDS)
d. Tablet _____ Dose _____ (B/F or A/F), with _____ (OD/BD/TDS)
e. Tablet _____ Dose _____ (B/F or A/F), with _____ (OD/BD/TDS)

- Kwath _____spoon; boil in _____ reduce to _____;

(OD/BD/TDS)_____ (B/F OR A/F)

- _____spoon powder with honey/water/milk- (OD/BD/TDS)
- _____ spoon + _____ (OD/BD/TDS)
- Bajrachi oil apply externally – (OD/BD/TDS) for 10 days duration.

❖ Washing Instruction:-

Nitthlesh Gupta
Patient Sign-:

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Doctor Sign-:

PATIENT ID: KRM002090
DATE: 6/12/2022

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Patient Information Form

Name: Jivika Gupta
Age: 9 Marital Status: Married ☐ Single ☑ Sex: M ☐ F ☑
Address: Chandan Bazar, Bhadrak, Rural
City: Bhadrak State: Odisha Pin Code: 756100
Telephone: 8249859610 E-mail ID: mithlesh Gupta 869@gmail.com
Occupation: Steady Height: 4'4" Weight: 30kg Referred by/Found us: Online.
Vaccination Status: — Vaccine Name: —

S.No.	Chief Complaints	Duration
1	Patches ↓ Lt leg	5-6 months
2	face	
3	lft. ear	
4	U/p	
5	Nose	
6		
7		
8		

Other Complaints:

History of Present Illness (Specific History): Patient was well before she noticed changes in symptoms so she came here for further management of the disease.

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URINE (N)

Frequency .... Colour .... Associated with .... Other ....

EYES (N)

Pallor ☐ Mild ☐ Moderate ☐ Severe

Icterus ☐ Mild ☐ Moderate ☐ Severe

Vision: .... Other: ....

SLEEP (N)

Duration .... Intensity of Disturbance .... Sleeping Pills .... Other ....

MIND (N)

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

Sattva मध्यम Other —

Diet - Veg / Non Veg / Mixed Veg.

Allergic Reactions —

Food Veg. — 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 delive: C-Section / Normal

Patient Local Examinations

patches (white & irregular) @ (L) leg; Lt. Ear, face (lips & nose)

INVESTIGATION DETAILS

Nil.

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Prakurti Chart Form

UHID No KRM002090 OPD No. KOP2149 DATE 6/12/2022

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 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 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

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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COVID-19 MANDATORY SELF DECLARATION

Date : 6/12/22

Name : Jivika Gupta Age : 9 Gender :M/F F

Address : Chandan Bazar, Bhadrak, Bhadrak, rural Bhadrak Odisha, 756100

Contact Number : 8249859610

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?
  ✓
- 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.
  Green.

I here by 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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Mithilesh Gupta

Patient Signature

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PEDIATRIC NUTRITION ASSESSMENT FORM

UHID No. KRM002090 OPD No. KAOP2149 Date 6/12/2022
Name of Child: Jivika Gupta DOB: - Age: 9/f
Name of Parents: Mithlesh Kumar Gupta
Address: Chandni bazar, Bhadrak, Rural Bhadrak, Odisha.
Telephone numbers: 8249859610 Gmail mithleshgupta86@gmail.com
Pediatrician: -
Health Insurance: -
Referred by: Online.

What concerns do you have about your child's diet?

How can I help you and your child? What kind of information and support are you looking for?

Describe your child's physical activity

How much time does your child spend outside per day?
How many minutes per day is your child sitting in front of a screen?
How many hours of sleep does your child get?

Does your child experience constipation, diarrhea, loose stool, heart burn, gas, or bloating? Difficulty swallowing?

List foods that your child is allergic or digestively sensitive to and their reaction:

Height 4'4" Current weight 30kg.

List all medications, vitamin, mineral, and herbal supplements that he/she is taking:

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Doctor Signature