



100 वर्षों तक स्वस्थ,
सुखी व सम्पन्न जीने के लिए



JEENA SIKHO[®] LIFECARE LIMITED

JAIPUR, E-19, New light Colony, Gopal Pura Mod, Under Bhaskar Flyover
Contact No.: 95726-95726, Email ID: shuddhihospital.jaipur@jeenasikho.co.in

Ref. No.

Dated 4/08/22

NC 07/ MOM 4B, D, E, IMS 7: The committee needs to identify the existing gaps for proper implementation of minimum requirements, uniform location, legibility, Date, time name as evident in certain prescription/ IPD papers during the assessment and needs to further CAPA. E.g. Medical records - JS176, JS223, JS164, JS 220, JS177

- As per the guidance given by the assessor sir, we have corrected and implemented all the deficiencies and have fulfilled all the requirements regarding the patient file.
- We have conducted MRD training in which trainer focused on some important topics like analysis of records, accuracy of data, maintaining MRD register and attached staff feedback on training

Shilpa Karmay
4/08/2022
8:00 PM
JEENA SIKHO LIFECARE LTD.
E-19 NEW LIGHT COLONY
UNDER BHASKAR FLYOVER
JAIPUR-302018 (RAJASTHAN)

Name: of Trainer:-Dr. RAHUL SHARMA

Date of Training : 22/06/2022

Topic of Training :Medical Record Department Training

MEDICILE RECORD DEPARTMENT

S.NO	NAME	DESIGNATION
1	DR.ALOK KUMAR	DOCTOR
2	SHEETAL SINGH	GM
3	KIRAN SINGH	RECEPTIONIST
4	PRIYA RANI VISHWASH	RECEPTIONIST

TOPIC

ANALYSING RECORDS
STORE AND CLASSIFY MEDICAL RECORDS
ACCURACY OF DATA
MAINTINING MRD REGISTER

Pam Sharma
22/6/2022
SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalpura Mod
Under Bhaskar Flyover, Jaipur-302018

FEEDBACK FORM

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

☐

Trainer Sign :

Pem/shan

Attended by Sign:

Kiran

FEEDBACK FORM

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

☐

Trainer Sign :

Pem/shan

Attended by Sign:

Biya

FEEDBACK FORM

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

☐

Trainer Sign :

P. S. S. S.

Attended by Sign:

P. S. S. S.

FEEDBACK FORM

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

☐

Trainer Sign :

P. S. S. S.

Attended by Sign:

P. S. S. S.

UHD NO - JS352

Dr. Rahul Sharma

BAMS (Ayurvedacharya),
Reg. No. 28001

Dr. Sikandar

BAMS (Ayurvedacharya),
Reg. No. 27589

Dr. Payal Gour

BAMS (Ayurvedacharya)
Reg. No. 28098

Dr. Alok

BAMS, PGDIP, EPMPGD Panchkarma
Reg. No. 2573

ORTHO CARE

- Joint Pain
- Cervical Pain
- Low Back Ache

PANCHKARMA

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

GASTOCARE

- Acidity
- Constipation
- Liver Treatment

FACILITY

- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: Surman Lata

W/o, D/o, S/o: Jugal kishor

Chief Complain

History

HTN X 5 years
Menstrual History

Menopause

Diagnosis:

(Amlapitta & Constipation)

अष्टविध परिक्षा

स्पर्श (N)

शब्द (N)

Face (आकृति) (N)

Eye (दृष्टि) (N)

Jiwha (जिह्वा) साम

Urine (मूत्र) Regular

Stool (मल) Hard

Nadi (वात, पित्त, कफ)

(Dash Vidha)

1. Prakruti वात पित्त
2. Vikruti वात पित्त
3. Sara (m)
4. Samhana महाम
5. Pramana महाम
6. Satmya महाम
7. Satva सुवर
8. Aahar Shakti अपर
9. Vaya महाम
10. Vyayum Shakti अपर

Vitals:

B.P.: 140/90 mmHg

Weight.: 75.0 kg

Height: 5'6

RBS.: 130 mg/dl

C/O

- Acid Reflux

- Heart & chest burn

- Sour belching

- Nausea

- Vomiting

- Constipation

- G.C. fair

Bowel - Hard

Bladder - regular

APP - 1/2 (on/off)

Sleep - on/off

AGE: 48 SEX: F

DATE: 26/6/22

TIME: 11.0 AM

X 5 months.

Δ - अम्लपित्त ट विषाद

☆ Rx

1) Amlapitt Nashak cap 1 cap सुबह खाने से पहले
1 cap शाम गुनगुने पानी से

2) Dr. Shuddhi powder 1/2 tsp रात की सोते समय
गुनगुने पानी से

3) Dr. Immune tab - 1 tab सुबह खाने के बाद
1 tab शाम गुनगुने पानी से

4) Liver tonic - 2 tsp सुबह खाने के बाद
2 tsp शाम गुनगुने पानी से

NEXT CONSULTATION DATE: After 15 days (7727078024)

Poo/Sharma
26/6/22
SHUDDHI AYURVEDIC HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalpura Mod
Under Bhaskar Flyover, Jaipur-302018

Benefit

- Reduced Acid Reflux
- Reduced Heart/chest burn
- Relief in constipation

Risk - pain in abdomen
Loose motions

Alternative - Stop medicine
Consult doctor

Outcome - Relief in hyperacidity
- Bowel clear
- Feel better

Prof Shrivastava
26/6/22
11:00 AM
SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalapura Mod
Under Bhawar Flyover, Jaipur-302018

Patient File No. JS352 Doctor Name: Dr. Rahul Branch: Jaipur

DATE	B.P	SUGAR	WEIGHT	REMARKS
26/6/22	140/90mmHg	130mg/dl	75.0kg	

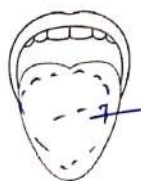
302018

CONFIDENTIAL INFORMATION

Name Suman Lata C/O / D/O / S/O Jugal Kishor Age 48 years
 Height 5'6 DOB 10-5-1974 Sex: M ☐ F ☒ Occupation House wife Religion Hindu
 Blood Group B+ve DOM — Address 136-Ridhi Shidhi Nagar Gopalpura
 City Jaipur State Raj Pin Code 302019
 Telephone 9414948373 E-mail ID — Marital Status married
8560949406

Diet Pattern veg diet Addiction Habit Tea

Tongue (जिह्वा)

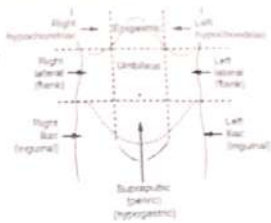


Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date	26/6/22					
	साफ					
Naadi (नाडी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑					
Pitta	↑↑					
Kapha						
Eyes (नेत्र)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
	(N)					
Nail (नाखून)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
	(N)					



PATIENT'S FULL HISTORY

- सबसे पहले किस बीमारी से शुरूआत हुई थी? पहले कब कब बीमार पड़े थे?
- क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?
- कितनी केमिकल वाली गोलियाँ अभी खा रहे हो? गोलीयों के नाम और कितने साल से?
- आज तक कौन-कौन सी जांचें करा चुके हो और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका जिंदगी पर या हेल्थ पर गहरा असर पड़ा हो?



H/O - HTN X 5 years.

C/O - Acid Reflux.

- Heart & chest burn.

- Sour belching.

- Nausea

- Vomiting

G.I. pain.

- Constipation

Bowel - Hard

Bladder - regular

App. — ↑ (on/off)

Sleep. — on/off

X 5 months.

Δ - अम्लपित्त र विषय

Pankaj Sharm

26/6/22

11:07 AM

SHUBHI AYURVEDA PANCHKARMA HOSPITAL

A Unit of Jeenu Sukho Lifecare Ltd.
E-19, New Light Colony, Gopalpura Road
Under Panchajanya Tower, Jaipur-302018

Family History : N/S

Surgery / Procedure History NA

घरण/कोड़ी: ☒ Yes ☐ No

पड़ती रहती है ?

कभी कभी पड़ती है ?

CHIEF COMPLAINTS :

Symptoms	Improvement Scoring
Acid Reflux	
Heart & Chest burn.	
Sour belching	
Nausea.	x 5 months
Vomiting	
Constipation	

HISTORY OF PAST ILLNESS :

Disease	Duration	Treatment / Pathy / Indication कितनी गोदियां चल रही है और कौन-कौन सी
HTN	x 5 year	Telma- 40 - OD

Gynae/Obs History

menopause.

Dashavidha Pariksha / Ashtavidha Parikasha / Sroto Pariksha (Any one):

Samanya Pariksha

Dosha वात-पित्त

Dushya रक्त, अल्पदृग् Agni-विषम

Awastha लकीन

Rog Marg आभ्यन्तर

Sadhiya/Asadhiya सुखसाध्य

Dashvidh Pariksha

1. Prakriti (physical constitution) वात-पित्त
2. Vikruti (pathological condition) वात-पित्त
3. Sara (excellence of tissues) (म) महम
4. Samhanana (body compactness) महम
5. Pramana (measurements of body parts) महम
6. Satmya (homologation) महम
7. Sattva (mental constitution) अवर
8. Aharashakti (capacity to ingest food and capacity to digest and assimilate the food) अवर
9. Vyayamashakti (capacity to exercise) अवर
10. Vaya (age) महम

UDHI AYURVEDA PANCHKARMA HOSPITAL

A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Goplapura Mod
Under Bhasker Flyover, Jaipur-302018

GASTROENTEROLOGY / DIGESTION / EXCRETORY SYSTEM

☒ Hyperacidity ☐ Heart burn ☐ Ulcer ☐ Urine Frequency ☐ Vaginal ☐ Prostate

Pulmonary System / Cardiac System

☐ Sob ☐ Cough ☐ Chest Pain ☐ Palpitation ☐ Perspiration ☐ Murmur ☐ Others

Dermatological Examination

☐ Color of skin ☐ Itching ☐ Discharge ☐ Leision ☐ Anomaly Detected

Nervous System Examination

☐ Reflexes ☐ CN Anomaly ☐ Any Hemiparesis ☐ Motor Functions

INVESTIGATION (Blood / Urine Culture)

Date	Investigation	1st Visit	2st Visit	3rd Visit	4th Visit	5th Visit

RADIOLOGY	FINDINGS

DATE:- 26/6/22

Churan / Powder / Kit / Tab	Tablets / Capsule	Liquid / Drops
① Dr. Shuddhi powder 1 kg रात को सोते समय गुनगुने पानी से	③ Amle pitta newshak cap 1 cap सुपे / खाने से पहले 1 cap शाम / गुनगुने पानी	Liver tonic 2 tsf सुपे 2 tsf शाम खाने के बाद गुनगुने पानी से
② Dr. Immune tab 1 kg सुपे खाने के बाद 1 tab-शाम गुनगुने पानी से		

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

SHUDH ANDVEDA AYURVEDIC HOSPITAL
A Unit of Shudh Ayurveda
E-19, New Light Colony, Goplapura Mod
Under Bhaskar Flower, Jaipur-302018

DATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE:-

Churan / Powder / Kit

Tablets / Capsule

Liquid / Drops

DATE:-

Churan / Powder / Kit

Tablets / Capsule

Liquid / Drops

DATE

MORNING TO NIGHT DIET FULL DETAILS- (Last day)

8.0 Am डलीया खिचडी (12.0pm) सब्जी दूध, + चपाती, 4.0 Pm Tea, Biscuits
 9.0 - Sabji दाल चपाती 10.0 Pm (दुध) (गोमय)
 Today- 1 गिलास चुनचुनानी 7.0-Am 1 कप चाय, बिस्किट, 9.0 Am - डलीया दूध

DATE

MORNING TO NIGHT DIET FULL DETAILS- (Last day)

Dr. Chetan
 26/6/22
 11.0 Am
 SHRODDHI AYURVEDA PANCHIKARMA HOSPITAL
 A Unit of Jeans Sikho Lifecare Ltd.
 E-19, New Light Colony, Gopelpura Mod
 Under Bhaaker Flyover, Jaipur-302018

Today-

DATE

MORNING TO NIGHT DIET FULL DETAILS- (Last day)

Today-

DATE

MORNING TO NIGHT DIET FULL DETAILS- (Last day)

Today-

DATE

MORNING TO NIGHT DIET FULL DETAILS- (Last day)

Today-

PATIENT CONSENT FORM FOR CASE REPORTS
(मामले की रिपोर्ट के लिए रोगी की सहमति प्रपत्र)

For a patient's consent to publication of information about them in a journal
एक जर्नल में उनके बारे में जानकारी के प्रकाशन के लिए रोगी की सहमति के लिए

Name of person described in article/ लेख में वर्णित व्यक्ति का नाम _____

Subject matter of photograph or article/ फोटोग्राफ या लेख की विषय वस्तु: _____

Title of article/ लेख का शीर्षक: _____

Medical practitioner or corresponding author/ चिकित्सा व्यवसायी या संबंधित लेखक: _____

I/ _____ [insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name], relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of research.

Or (या)

मैं/ Suman Lata [पूरा नाम डालें] इस जानकारी के लिए मैं स्वयं या मेरे बच्चे या वार्ड / मेरे रिश्तेदार [पूरा नाम डालें]: _____, एक जर्नल लेख में प्रदर्शित होने के लिए उपरोक्त विषय वस्तु ("सूचना") से संबंधित है, या अनुसंधान के उद्देश्य के लिए इस्तेमाल किया जाना है।

I understand the following/ मैं निम्नलिखित समझता हूँ:

1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

or (या)

1. सूचना मेरे नाम/बच्चे के नाम/रिश्तेदारों के नाम संलग्न किए बिना प्रकाशित की जाएगी और गुमनामी सुनिश्चित करने के लिए हर संभव प्रयास किया जाएगा। हालाँकि मैं समझता हूँ कि पूर्ण गुमनामी की गारंटी नहीं दी जा सकती है। यह संभव है कि कोई कहीं - शायद, उदाहरण के लिए, कोई व्यक्ति जो मेरी/मेरे बच्चे/रिश्तेदार की देखभाल करता हो, अगर मैं अस्पताल में था, या कोई रिश्तेदार - मेरी पहचान कर सकता है।
2. सूचना एक पत्रिका में प्रकाशित की जा सकती है जिसे दुनिया भर में पढ़ा जाता है या एक ऑनलाइन पत्रिका। पत्रिका मुख्य रूप से स्वास्थ्य देखभाल पेशेवरों के उद्देश्य से हैं, लेकिन पत्रकारों सहित कई गैर-डॉक्टरों द्वारा देखे जा सकते हैं।
3. सूचना को वेबसाइट पर डाला जा सकता है।
4. मैं ऑनलाइन प्रकाशन से पहले किसी भी समय अपनी सहमति वापस ले सकता/सकती हूँ, लेकिन एक बार सूचना प्रकाशन के लिए प्रतिबद्ध हो जाने के बाद सहमति वापस लेना संभव नहीं होगा।

Patient Signature/ रोगी के हस्ताक्षर: सुमन लता

Date/ दिनांक: 26/6/2024

Signature of requesting medical practitioner/health care worker/अनुरोध करने वाले चिकित्सक के हस्ताक्षर

Medical Practitioner Signature/ चिकित्सा व्यवसायी के हस्ताक्षर: Dr. Pankaj Kumar

SHUDDH AYURVEDA PANCHKARMA HOSPITAL
A Unit of Shree Shree Lifecare Ltd
E-19, New Light Colony, Gopipura Mod
Under Bhaskar Flower, Jaipur-302016



Nutritional Assessment Form

I. Identifying Information

Full Name: Suman Lata Date: 26/6/22
UHID No: JS352 Age: 48 yrs Sex: F

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

Referring Clinician: Dr. Rahul

Reason(s) for visit: Hyperacidity

II. Medical History (please give full details)

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

menopause

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

If yes, which ones

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

If yes, what NO

Do you have any chronic illnesses? Yes or No 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 Telma-40-OP

Please explain about

- Appetite enjoy
- Food habits fast food
- Daily working hours 3 hrs
- Exercise 10 min
- Job profile Housewife
- Height 5'6
- Weight 75.0 kg

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

If yes, please explain No

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

If yes, please explain No

Doctor Signature
[Signature]
20/6/22
SHUDDHI AYURVEDA PANCHANGI HOSPITAL
A Unit of Jeena Sikha Ltd. & Co.
E-19, New Light Colony, Gopalapura Mod
Indir Park, Faridkot - 145001

Patient Signature
[Signature]
20/6/22



JEENA SIKHO LIFECARE LIMITED

E-19, New Light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

COVID-19 MANDATORY SELF DECLARATION

Name: Suman Lata Date: 26/6/22
Address: 136 - Ridhi Shidhi Nagar Gopalpura, Jaipur
Age: 48 yrs Contact Number: 9114948473 Gender: M/F

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Jeena Sikho Lifecare Limited, Hospital to fill-out the self-declaration form below.

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

Fever	Yes	No <input checked="" type="checkbox"/>
Dry Cough	Yes	No <input checked="" type="checkbox"/>
Sore Throat	Yes	No <input checked="" type="checkbox"/>
Diarrhea	Yes	No <input checked="" type="checkbox"/>
Breathlessness	Yes	No <input checked="" type="checkbox"/>
Asthma	Yes	No <input checked="" type="checkbox"/>
Other: Please specify	Yes	No <input checked="" type="checkbox"/>

- History of travel in the recent one month nationally and internationally?
- 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
- Are you taking any precautionary measures for boosting your immunity prior to coming? If you, please specify
- yes Vaccinated
- Kindly share your status of Aarogya Setu app? Red/Orange/Green

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

If I am an asymptomatic carrier or an undiagnosed patient with covid-19, I know it may endanger doctors and Hospital staff. It is my responsibility to take appropriate precaution and to follow the protocols prescribed by them. I also know that I may get an infection from the clinic or from a doctor and I will take every precaution to prevent this from happening. I will not hold doctors and clinic staff accountable if such infection occurs to me or my accompanying persons.

Ram Shakti
SHUDDH AYURVEDA PANCHKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalpura Road
Under Bhaskar Flyover, Jaipur-302018

26/6/22
Signature





JEENA SIKHO LIFECARE LIMITED

E-19, New light Colony, Gopal Pura By Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 302018

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID: J3352 OPD: 352 IPD: — Date: 26/6/22

Patient Name (रोगी का नाम): Suman Lalca Age (उम्र) 48 yrs Sex (लिंग) F
Name of W/O, D/O, S/O (पिता/पति का नाम): Jugal kishor
Address (पता): 136-Ridhi Shidhi Nagar Gopalpura
Phone No (फोन नं.): 9414348373 Email (ईमेल): —
Name of Doctor /डॉक्टर का नाम: Dr. Rahul
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 ?	yes	
2	Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया ?	yes	
3	How is work experience of staff? कर्मचारियों का कार्य अनुभव कैसा है ?	Good	
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 ?	yes	
5	Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	yes	
6	How would you feel during treatment? ईलाज के दौरान आपने कैसा अनुभव किया ?	Good	
7	Did you have confidence and trust in the staff? क्या आप कर्मचारी के कार्य अमिता से संतुष्ट हैं ?	yes	
8	What one thing would you change about the department? इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?	Nothing	
Your comments / आपके सुझाव			

Date: 26/6/22

Signature (Hospital Authority)

Pankaj Sharma
26/6/22
11:00 AM
SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
A Unit of Jeena Sikho Lifecare Ltd.
E-19, New Light Colony, Gopalpura Road
Under Bhaskar Flyover Jaipur-302018

Signature (MD/MS)

Signature (Patient/Guardian)

Suman
26/6/22

