

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.

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

OLONY BHASKAR FLYOVER JAIPUR-302018 (RAJASTHAN)

SHUDDHI AYURVEDA PANCHKARMA HOSPITAL

(A Unit of JeenaSikhoLifecareLtd)

E-19, NEW LIGHT CONONY, GOPALPURA BYPAS, TONK ROAD, BHASKAR FLYOVER JAIPUR **RAJASTHAN 302018**

Name: of Trainer:-Dr. RAHUL SHARMA Date of Training : 22/06/2022 Topic of Training : Medical Record Department Training

huddhi

SB.

MEDICILE RECORD DEPARTMENT

DESIGNATION DOCTOR
DOCTOR
C14
GM
RECEPTIONIST
RECEPTIONIST

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

SHUDDHI ATURI EDA PAUCHKURIUA HOSPITUL UHI ATURYEUA PANchilakua HUSPITI A Unit of Jeens Sisto Liecsre Lui. A Unit of Jeens Sisto Colory, Copteque Nod E-19, New Light Colory, Copteque 302016 Under Bhaster Frover, Jaiour 302016



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 	w Average
A. Appropriate	
3) Rate the Importance of Training. A. Good D. B. Medium C. Not Go	bod
Trainer Sign: Rivan	
FEEDBACK FORM	
1) Rate The Level of Training information useful to you. A. Good B.Average C. Below A	Average
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E-19, New light Colony, Gopal Pura Mod, Under Bhaskar Flyover, Jaipur Ph.: 95726-95726, Email: Shuddhihospital.jaipur@jeenasikho.co.in

Dr. Rahul Sharma BAMS (Ayurvedacharya), Reg. No. 28001

ORTHOCARE

Cervical Pain

Low Back Ache

PANCHKARMA

 Detoxification Rejuvenation

Shiro Pichu

Janu Basti

Nasya

Basti

Abhyanga

Swedanam

GASTOCARE

Constipation

Liver Treatment

Acidity

Akshi Tarpana

Joint Pain

Dr. Sikandar BAMS (Ayurvedacharya), Reg. No 27589

Dr. Payal Gour BAMS (Ayurvedacharya) Reg. No 28098

Dr. Alok BAMS, PGDIP, EPMPGD Panchkarma Reg. No. 2573

AGE:48 SEX: F

DATE: 26/6/22

TIME: 11:0.Am

Name: Suman Lata Who, D/o, S/o: Jugal kishor Chief Complain Chief Complain History ·CIO HTNX 54Pars - Acid Reflux Menstrual History - Heart Schest burn menopulie -Sour belching **Diagnosis:** X 5 months (Amlerpitta E constipution) Nauseer. अष्टविध परिक्षा - Vomitine Shirodhara, Shiro Basti रमर्श(N) - Constipution - G.C. fuir. erec (N) Kati Basti, Prishta Basti Face (आकृति (N) Bowel-Hard Eye (ERE(N) Bladder - regular Jiwha (जिव्हा) रनाम Urine (मूत्र) Yegular

APP, -- N. (on/off) Sleep - onloge

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2. Vikruti and fund 3. Sara(m) 4. SamhanaHEHN

Stool (मल) I-14rd

Nadi (वात, पित, कफ)

5. Pramana HEAN

6. Satmya HENH

Vitals:

FACILITY

- Steamer
- · Panchkarma Room
- Ayurvedic Treatment

(Dash Vidha) 1. PrakrutiiaTa da-a 1) Amlapitt Nashak cap 1 cap 390E 2017 27 4Em 1 cup - 2114 23737 11117 2) Dr. shuddhi powder 1/ tsp ITA की सोते समभ 7. Satva ziac 8. Aahar Shakti 3107 9. Vaya HELIM 10. Vyayum Shakti 3792 B.P.: 140/90mm 0/ 49 Weight .: 75.0 kg APA CHINARULA HUSPITAL Height: 5.% a SUCIO Lite care Ltd A Unit of Jeens Sacio Unicue o Juli E.19. New Light Colory Goplasura Wool (United Bhaster Phover, Lacur 3/2018 RBS .: 1 30mg/del

NEXT CONSULATION DATE: After 15 days (7727078024)

🏏 chikitsaguru 💽 acharyamanishji www.shuddhi.com, www.hiims.in f 回



Scanned with OKEN Scanner

Benefit - Reduced Acid Reflux. - Reduced Heart Schest burn. - Relif in constipution.

Risk - pain in abdomen Loose motions

Alternative - Steep medicine -Consult doctor

outcome ___ Relief in supercieidity

- Bowel Clear Bul Stor 26/6/22

SITUDDHI ATURVEDA PANCHKARINA HOSPITAL A Unit of Jeena Sikho Lifecere Ltd. E-19, New Light Colony, Goplapura Mod Under Bhasker Flyover, Jaipur-302018





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JEENA SIKHO LIFECARE LIMITED

SCO-11, Kalgidhar Enclave Baltana, Zirakpur, Punjab 140603, Ph: 87258-87258

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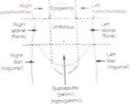
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- सबसे पहले किस बीमारी से शुरूआत हुई थी? पहले कब कब बीमार पड़ें थे?
- क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था?

HIO - HTNX Syears.

- कितनी कैमीकल वाली गोलियां अभी खा रहें हो? गोलियों के नाम और कितने साल से?
- आज तक कौन-कौन सी जाचें करा चुके हो और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका जिंदगी पर वा हेल्थ पर गहरा असर पड़ा हो?



Clo - Acid Reflux. - Heart & chest burn. - Sour belching. X 5 months. - Nausea - Vomiting - Constipution Bowel - Hard Bladder-regular APP ____ PJ(0n/099) Sleep. _ oulogo

अम्लति-तं ट विर्वेखाः X-X-X

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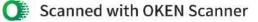
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Disease	Duration	
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9. Vyayamashakti (capacity to exercise) 3707 UDDHI AYURVEDA PANCHKARMA HOSPITAL

10. Vaya (age) HELH

A Unit of Jeens Sikho Lifecare Ltd. E-19, New Light Colony, Goplapura Mod 1111er Bhasker Flyover, Jaipur-302018

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		1st Visit	ZSEVISIE			
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		Tablets / Capsule	Liquid / Drops
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	Today-	Under Bhasker Flyover, Jakour-30201	
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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: _

Or (या)

में / _Summ /cefee [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।

l understand the following/ मैं निम्नलिखित समझता हूँ:

- 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: सूंचना 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।
- 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।
- मैं ऑनलाइन प्रकाशन से पहले किसी भी समय अपनी सहमति वापस ले सकता/ सकती हूं, लेकिन एक बार सूचना प्रकाशन के लिए प्रतिबद्ध हो जाने के बाद सहमति वापस लेना संभव नहीं होगा।

Patient Signature/ रोगी के हस्ताक्षर: <u>26/6/</u> Signature of requesting medical practitioner/health care worker/अनुरोध करने वाले चिकित्सक के हस्ताक्षर Medical Practitioner Signature/ चिकित्सा व्यवसायी के हस्ताक्षर: ⁶ SHUDDHIAHURYEDA FANCHKARNANO8PITALIA: ⁶ SHUDDHIAHURYEDA FANCH



Shuddhi

JEENA SIKHO LIFECARE LIMITED

E-19, New light Colony, Gopal Pura Ey Pass, Tonk Road, Bhaskar Flyover, Jaipur, Rajasthan, 30201

Nutritional Assessment Form

l. Identifician to c
I. Identifying Information
Full Name: SumanLafa
UHID No:Age: U8 yasSex: F
Ethnicity: Hindu Muslim Christian Sikh Jain Tribe Other:- Referring Clinician: Dr.Rahuf
Reason(s) for visit: Hypercicidity
II. Medical History (please give full details)
 Diabetes YES/NOHBA1csince
BATCSinceMedication
Last recorded valuesince
STENT/BYPASS/MEDICINE SINCEMEDICATION
MENTERING REPORTSSINCEMEDICATION
MENSTRUALCYCLE MEDICATION
Are you allergic to any food or drink? Yes or No
If ves please specifier
If yes, please specify:
Do you get a rash or edema from your allergy? Yes or No
Do you take
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, whatNO
Directory Contract of Contract
Do you have any chronic illes on a v
Do you have any chronic illnesses? Yes or No
(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 TEPma-uo-Op

Ë



Please explain about

- Appetite On/ry/ e
- Food habits feest ford
- Daily working hours 2 has
- Exercise /0min
- Job profile House wife
- Height 5.6
- Weight 75.0Kg

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

1200 If yes, please explain____

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

If yes, please explain_____

Doctor

SHUDDHI AYURVEDAT A Unit of Jeena Sixho Lifee E-19. New Light Colony, Goplapura Mod Phaster Flaren Jainte 19919

Patient Signature Gran 6/22

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JEENA SIKHO LIFECARE LIMITED

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

Name	COVID-19 MAN	DATORY SELF D	ECLARATION
Address	COVID-19 MAN Suman Leve 136 - Ridhi Sholli Neugar	gopulpurg,	Date 26/6/22 Jeupurg.
Age 48 yasc	ontact Number : 941494847	1953	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 fili-out the self-declaration form below.

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

SHUD

AUn E-19,1 Inde

Fever				
Dry Cough	Yes	Nou		
Scre Throat	Yes	No		
Diarrhea	Yes	No		
	Yes	No -	-	
areathlessness	Yes	NO		
sthma	Yes	Nor		
ther Please specify	Yes	No		
History of travel in the recent one mon			J	
	A 16			
Any contact history with a person who	had returned from foreign co	ountry ? If yes, p	lease specify.	
Purpose of your visit For consultation, Pa	tient attendant (other roace	- 3		
		();		
	NO			
Have you come in contact with the covid	1-19 positive patient in last o	one month?		
	nen-			
Have you attend any gathering or visited				
, , Berneting of History	any crowded market place	in the last 14 day	ys ? If you, please specify	
Are you taking any precautionary measu	res for boosting your immur	nity prior to com	ing if it you clease some du	
			g yourpretive spectry	
Kindlushara	pes voiec	inerfed		
Kindly share your status of Aarogya Setu	app? Red/Orange/Green			
by assure that whatever information I have	provided is correct and the			
	provided is correct and tru	e to the best of r	ny knowledge.	
n an asymptomatic carrier or an undiagnos	ed patient with covid-19 ! k	now it may enda	inger doctors and Hereivel	and the second second
in the appropriate in ecaution an	a to follow the protocols or	accrihed he than		
know that may get ap infection from the	clinic or form a doctor and I	will take evenu	Varaution to provent the f	an hannaning b
	ountable if such infection oc	curs to me or m	V accompanying persons	omnappening
			and the purpose of the series	
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JEENA SIKHO LIFECARE LIMITED

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

FEEDBACK FORM (प्रतिक्रिया फॉर्म)	
UHID: J5352 OPD: 352 IPD: Date: 26/6/21	7
Patient Name (रोगी का नाम) <u>Suman Lata</u> Age (उग) <u>48</u> yassex (निग) Name of W/O, D/O, S/O (पिता/पति का नाम) <u>Jugal Kishor</u> Address (एता) <u>136 - Ridhi Shidki neegar Gopalpura</u> , Phone No (फोन नं.) <u>9414948373</u> Email (ईमेल)	P
Address (Val) 136-Ridh Shidhi Nelegar Copalpura.	v
Phone No (फोन नं.)94143373 Email (ईमेल)	
Name of Doctor /डॉक्टर का नाम:	
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 usyour feedback regarding various aspects of medical care and hospitality that were extended to your stay here with us हम आपकी राय जानना चाहते हैं इम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखमान

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/ सेवाग्ं	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	
З.	How is work experience of staff?	Good	
4.	During your problem did employee or staff respond you on time or not? जब आप अपनी समस्या वताते हैं, तो कर्मचारी ठीक से सुनते हैं ?	yes	
5.	Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्पान के साथ व्यवहार करते हैं ?	409	
6	How would you feel during treatment? ईलाज के दौरान आपने कैसा अनुभव किया ?	wood	
7.	Did you have confidence and trust in the stait?	yes.	
8	What one thing would you change about the department? इस विभाग में कोई एव भी ऐसी चीज जिस में आप सुधार चाहते हैं ?	heathi	ng

Your comments / आपके सुझाव

Date: 2616 22 SHUDDHI AYURTEDA PANCHKARINA HOSPITAL 2616 Signature (Hospital Authority)-A Unit of Jeans Sixho Lifecare Ltd. E-19, New Light Colony, Goplapura Mod C-13, HER LIGHT COUNTY COUNTY AND THE PHANE FRANCE FRANCE FRANCE FRANCE JAIPUT-302017.

Signature (MD/MS)

Signature (Patient/Guardian FLANA 2616/22

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