OREGANO LIFE PVT LTD.

www.oreganolife.com oreganolifeprivatelimited@gmail.com
11, Krishna Kunj, Main Market, Near Lovely Public School,
Laxmi Nagar, Delhi - 110092
+91-99834-08618 / +91-94140-93327
GST NO :- 07AADCO2760R1ZX / CIN NO :- U74999DL2020PTC370758

NC04/ MOM 4F: Medication orders do not contain the duration of the medication given in sampled case sheets.

- We have prescribed the exact dosage and duration as advised in the attached file

22-12-2022
OREGANO LIFE PVT. LTD.
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East Delhi-110092

OREGANO LIFE PVT. LTD

Healing with Ayurveda Panchkarma

11, Krishna Kunj, Main Market, Laxmi Nagar, Delhi – 110092

93136-66680

Dr. Himanshu Verma

BAMS, D.A.K, D.P.C (Ayurvedacharya)

UHID No.: OL0746

Age: 46 Sex: M

Date: 5/12/22

Time: 12:00 PM

ORTHOCARE
- Joint Pain
- Cervical Pain
- Back Pain
- RA, OA
- Ankylosing Spondylitis

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

GASTOCARE
- Acidity
- Constipation
- Liver Treatment
- Gastritis
- I.B.S, Ulcers

FACILITY
- In Patient Department (I.P.D)
- Day Care Facility
- Out Patient Department (O.P.D)

Name: Surendra Kumar

W/o, D/o, S/o: Vijay Kumar

Chief Complaint: Pain in knee B/L, Pain in back, Pain in legs and Headache.

History: Pain in knee joint B/L from last 3 years.

Menstrual History: N/A

Diagnosis: Sandhivata and Shiroshool.

अष्टविध परीक्षा

स्पर्श (N)

शब्द (N)

Face (आकृति) (N) Dehy

Eye (दृष्टि) (N)

Jiwha (जिव्हा) (N) Rough

Urine (मूत्र) (N)

Stool (मल) (N)

Nadi (नाड़ी) Vatkaj

(Dash Vidha)

1. Prakruti Vatkaj
2. Vikruti Vatkaj
3. Sara Madhyam
4. Samhana Madhyam
5. Pramana Madhyam
6. Satmya Madhyam
7. Satva Madhyam
8. Aahar Shakti Madhyam
9. Vaya Madhyam
10. Vyayam Shakti Madhyam

Vitals:

B.P.: 120/86 mm Hg

Weight: 84 kg

Height: 5'-8 ft.

C/o Pain in knee B/L, Pain in back, Pain in legs B/L and headache
⇒ Sandhivata and shirshool.

℞

- Cap. Go flexi × B.D — 1 cap morning-evening after meal with luke warm water
- Tab. Vat har Vati × B.D — 1 tab morning-evening after meal with luke warm water
- Cap. J.S Brain × B.D — 1 cap morning evening after meal with lukewarm water

Himanshu — 1 month

- Patient is taking allopathic treatment along with Ayurvedic medicine.

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NEXT CONSULTATION DATE:..... **Doctor Signature & Stamp** .....

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11, Krishna Kunj, Main Market, Laxmi Nagar, Delhi-110092

INITIAL ASSESSMENT FORM

DATE: 5/12/22 UHID No: OL0746 OPD No.: OL/OP/756

PATIENT NAME: Surender Kumar S/W/D Name: Vijay Kumar PHONE No: 982671570...

PATIENT HISTORY:

ADDRESS (Province-District): B-126 Ganesh Nagar Delhi - 110018

PATIENT AGE: 46		F	M ✓	Diagnosis: Sandhivata and Shirshool	
1.	Civil Status	Single	Married	Number of children: 0	
2.	History of the trauma/illness	Date:		Circumstances/Etiology:	
	Associated diseases: No				
3.	Medical History/Treatment	Hospital:		Care:	
	Evolution since the beginning	Improved	Worse	Remarks:	
	Medication: Tab. Ultracet 1 B.D Tab. Gabaneuron 1 B.D			X-ray/Other ex:	

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 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

Remarks:

Date	5/12/22

Diet (As Per Patient Already Taking)

Breakfast	Lunch	Dinner	Night
Tea	Roti + Sabji	Dal + Rice	Milk

PANCHKARMA TREATMENT PLAN	
POORVA KARMA	
Days Medicine	Rx Cap - Gopitan - X B.D 1 Cap morning evening after meal with water - Tab Vathari Vati X B.D after meal with water 1 Tab - morning evening after meal with water
Risk, Benefits	
Next follow up advice	- Cap. J.S. Bevin X B.D 1 Cap morning evening after meal with warm water
Next follow up date	
PRADHA KARMA	
Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	
PASCHAT KARMA	
Days Medicine	
Risk, Benefits	

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Pain Score

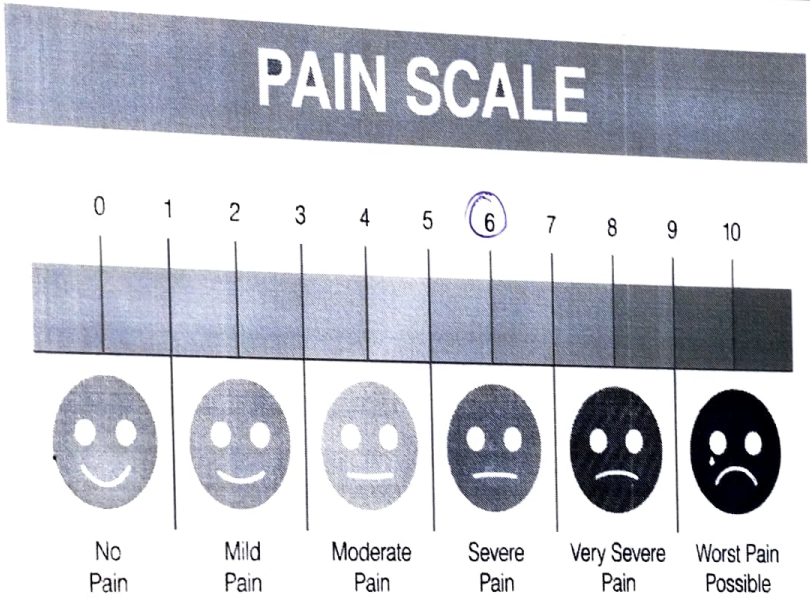
Functional Evaluation:

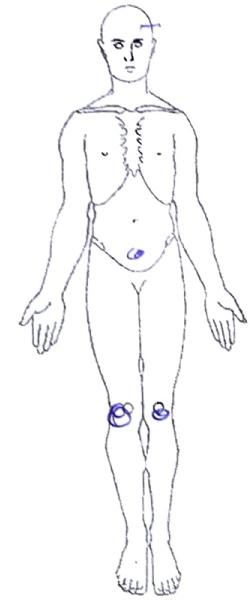
Balance disorders

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:						





Next Follow Plan 5/12/22

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Next Follow Date

General Examination Assesement

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श (N)	5/12/22				
2.	शब्द (N)	"				
3.	Face (Akruti) (N)	"				
4.	Eye (Dirka) (N)	"				
5.	Jiwha (N)	"				
6.	Urine (N)	"				
7.	Kastho (Stool) (N)	"				
8.	**Nadi** (वात, पत्त,कफ)	"				

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti Vata	5/12/22				
2.	Vikruti Vata	"				
3.	Sara (M)	"				
4.	Samhana (M)	"				
5.	Pramana (M)	"				
6.	Satmyaō (M)	"				
7.	Satva (M)	"				
8.	Aahar Shakti (M)	"				
9.	Vaya (M)	"				
10	Vyayani Shakti (M)	"				

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NUTRITIONAL ASSESSMENT FORM

I. Identifying Information

Full Name: Surender Kumar **Date :** 5/12/22

UHID No : OL0746 **Age:** 46 **Sex :** M

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

Referring Clinician: _____

Reason(s) for visit: _____

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: - No

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 No

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

If yes, please explain 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 No

Breakfast - तीनों उपमा
Lunch - रोटी, सब्जी
Dinner - दाल, चावल

Please explain about

- Appetite : Good
- Food habits Normal
- Daily working hours: 8 hours
- Exercise : 1 hour
- Job profile : Teaching
- Height : 5'4 ft
- Weight : 70 kg

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

पथ्य - हल्का व सुपाच्य भोजन,
Ex— उपमा, पोहा, खिचड़ी, दलिया
अपथ्य - चावल, पनीर, सब्जी, छोले
विहार - ज्यादा बाहर न घूमें।

Doctor Signature

Patient Signature

Oregano Life Pvt. Ltd.

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COVID-19 MANDATORY SELF DECLARATION FORM

Name: Surender Kumar **Age:** 46 **Gender:M/F** M

Date : 5/12/22 **Contact Number :** 9826715700

Address: B-126 Ganesh Nagar Delhi 110018

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Oregano Life Pvt. Ltd. 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?
  For Consultation
- 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 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.

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Signature

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FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID No: OL0746 **OPD No:** OL/OP/796 **IPD No:** — **Date:** 5/12/22

Patient Name (रोगी का नाम) Surender Kumar **Age (उम्र)** 46 **Sex (लिंग)** M

Name of W/O, D/O, S/O (पता/पति का नाम) Vijay Kumar.

Address (पता) R-196 Ganesh Nagar Delhi 110018

Phone No (फोन नं.) 9826715700 **Email (ईमेल)** —

Name of Doctor /डॉक्टर का नाम: Dr. Himanshu Verma

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 हैं ?**	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 क्षमता 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 ?**		No

Your comments / आपके सुझाव

Date: 5/12/22

Signature (Patient/Guardian)

OREGANO LIFE PVT. LTD.
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East Delhi-110092

Signature (Clinic Authority)

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East Delhi-110092

Signature (MD/MS)