
सांण्डू
अमृतारिष्ट
उत्तम रोगप्रतिकारशक्तिवर्धक
AMRITARISHTA
A Versatile Immunity Enhancer
पितशेखर
महासुदर्शन काढा
MAHASUDARSHAN KADHA
महालक्ष्मीविलास रस
Mahalaxmivilas Rasa
पित्तशेखर रस
Pittashekhar Rasa
30 Tablets
nirogayu

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Ayurveda & Panchakarma Center
10 Bedded Hospital
Clinical Reg. No. 0810400381

DR. ASHOK KUMAR SHARMA
B.A.M.S. (Reg. No. 22289)
Certificate in Panchkarma
nirogayuhealthcare@gmail.com
9782931287 0144-7960249
www.nirogayu.com

TREATMENTS

Panchkarma
- Vaman
- Virechana
- Nasya
- Basti
- Shirodhara
- Purification
- Rejuvenation

Gastro Care
- Constipation
- Acidity
- Liver Failure
- I.B.S.

Ortho Care
- Arthritis
- Back Pain
- Migraine Paralysis
- Cervical Pain

Gynae Care
- PCOD
- Fibroid Uterus
- Infertility
- UTI

Others
- Piles
- Typhoid
- Jaundice
- Hypertension
- Skin Disease
- Obesity
- Paralysis
- Diabetes
- Cardiac Disease
- Urological Disease
- Kidney Stone
- Asthma
- Hair Fall

UHID No.: NAPC 0208 / OPD - OP616
DATE: 06/11/2022 TIME: 1:39PM
NAME: Jyoti
AGE: 16 SEX: f
W/o, D/o, S/o: Ramesh
CHIEF COMPLAINT: C/o - fever
HISTORY: - Headache
FAMILY: - Heartburn
MENSTRUAL HISTORY: - loss of appetities

DIAGNOSIS ज्वर, अम्लपित्त

अष्टविध परीक्षा

Skin (स्पर्श) उष्ण
Voice (शब्द) (N)
Body (आकृति) (N)
Eye (दृक) (N)
Tongue (जिव्हा) मल आवृत्त
Urine (मूत्र) 4-5 time/day
Stool (मल) Hard
Pulse (वात, पित्त, कफ)

दशविध परीक्षा

Prakruti: Vatapitta
Vikruti: Vatapitta
Saar: (M)
Samhana: (M)
Pramana: (M)
Saatmya: (M)
Satva: (M)
Aahar Shakti: (M)
Vayaa (M)
Vyayaam Shakti (M)

B.P.: 110/72
P/R: 93
SPO2: 99
Height: 5.2"
Weight: 46kg

℞

B/F
- T. Sarvjwarloha – 2tab
T. Swarnbasantmaltiras – 1tab
T. Mahalaxmivillas ras – 1tab
T. Pittashekar ras – 1tab
T- Navjeevan ras – 2tab
T. Shamshamni vati – 2tab
—— 1x2 time
with warm water
Before food 7am & 6pm

Maha sudharsan kadha 20ml
—— 1x2 ——
with Double amount of lukewarm water
before food 9am & 7pm

A/F
- Amritarishta 20ml with equal water
After food 10am & 8pm

Next Consultation Date: 21/11/22

OR —— x 15days

B-53, Patel Nagar, Mannaka Road, Alwar - 301001 (Raj.)

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Ayurveda & Panchakarma Center

B-53, Patel Nagar, Manna ka Road, Alwar, Rajasthan, 301001

INITIAL ASSESSMENT FORM

DATE: 06/11/22 UHID : NAPC0208 OPD : OP-216

PATIENTNAME: Jyoti S/D/W NAME: Ramesh PHONENo: 9462248881

PATIENTHISTORY:

ADDRESS(Province-District): Multan Nagar, Divakari, Alwar				
PATIENT AGE: 16	F	M	Diagnosis: पीलिया बुखार, उल्टी	
1. CivilStatus	Single	Married	Numberofchildren:	
2. Historyof the trauma/illness	Date:		Circumstances/Etiology:	
Associateddiseases: Not HTN /DM				
3. MedicalHistory/Treatment	Hospital:		Care:	
Evolutionsincethebeginning	Improved	Worse	Remarks:	
Medication:			X-ray/Otherex:	

	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 relations , 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	☐ Slow
Hunger level ☑	irregular	☐ Sharp need food when hungry	☐ Can easily miss meals
Food and drink ☐	Prefers warm	☑ Prefers cold	☐ Prefers cold 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

Nirogayu Ayurveda & Panchkarm ALWAR

I. 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**

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 _____

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 _____

PANCHKARMA TREATMENT PLAN	
POORVA KARMA	
Days Medicine	NA
Risk, Benefits	
Next follow up advice	
Next follow up date	
PRADHAN KARMA	
Days Medicine	NA
Risk, Benefits	
Next follow up advice	
Next follow up date	
PASCHAT KARMA	
Days Medicine	NA
Risk, Benefits	

n Score 5/10

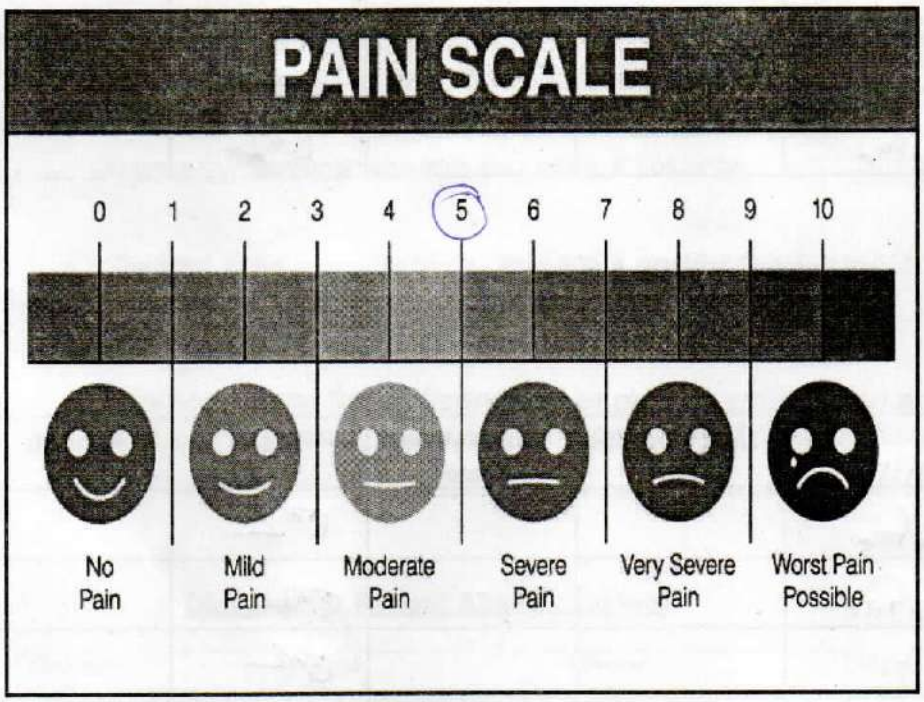
unctional Evaluation:

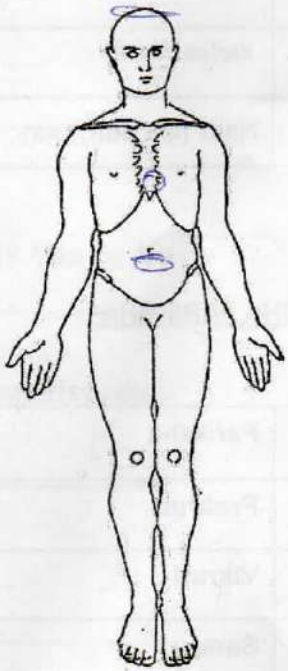
Balance disorders

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 After 15 days

Next Follow Date 21/11/2

General Examination Assesement

ASTA VIDHA PARIKSHA

S. No.	Asta Vidha Pariksha	Date 26/11/22	Next Review Date	Next Review Date	Sign.	Remark
1.	स्पर्श	उष्ण				
2.	शब्द	(N)				
3.	Face (Akruti)	(N)				
4.	Eye (Dirka)	(N)				
5.	Jiwha	मलावृत				
6.	Urine	4-5 time				
7.	Kastho (Stool)	Hard				
8.	Nadi (वात, पित, कफ)	वातपित्त				

DASH VIDHA PARIKSHA

S. No.	Pariksha	Date 26/11/22	Next Review Date	Next Review Date	Sign.	Remark
1.	Prakruti	वातपित्त				
2.	Vikruti	वातपित्त				
3.	Sara	(M)				
4.	Samhana	(M)				
5.	Pramana	(M)				
6.	Saatmya	(M)				
7.	Satva	(M)				
8.	Aahar Shakti	(M)				
9.	Vaya	(M)				
10	Vyayaam Shakti	(M)				

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Ayurveda & Panchakarma Center
B-53, Patel Nagar, Manna ka Road, Alwar, Rajasthan, 301001

NUTRITIONAL ASSESSMENT FORM

I. Identifying Information

Full Name: Jyoti **Date :** 06/11/22

UHID No : NAPC0208 **Age:** 16 **Sex :** F

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

Referring Clinician: —

Reason(s) for visit: Consultation

- ***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 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

Diet (As Per Patient Already Taking)

Breakfast	Lunch	Dinner	Night
Tea, Bread; Butter, Sandwich, Poha,	Stuffed Paratha, Roti, Sabji, Rice, fast food.	Fast food, Paratha, Roti, Sabji	Sweets, Milkshake, Icecream

Nirogayu Ayurveda & Panchkarma Center ALWAR

Please help us for better understanding of your illness:-

- Daily working hours: 4-5 hrs
- Job Profile: Student
- Height: 5'.2"
- Weight: 40kg

- Diet – Vegetarian / Mixed.
- Appetite – Poor / Moderate / Good / Cravings
- Motion – Regular / Irregular / Constipation / Loose Motion,...2...times / day
- Micturition – Normal / Frequent / Burning .....5-6..... times / night
- Sleep – Sound / Disturbed, Night .....7-8..... hrs. Day .....1-2..... hrs.
- Addiction – Tea / coffee / Smoking / Tabacco / Betal / Alcohal / Purgative.
- Daily Exercise - .....1..... hrs. / day
- Daily Travel.....2.....hrs.
- Daily Intake of water.....5.....lit. / day
- Daily Intake of Tea / Coffee.....2-3..... Cup.
- Any kind of allergy.....No..... .

Doctor Signature

Patient Signature

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COVID 19 MANDATORY SELF DECLARATION FORM

Date: 06/11/20

Name: Jyoti Age: 16 Gender: M/F F

Address Multan Nagar, Divakar Alwar

Contact Number: 9462248881

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19), we are requiring all visitors to the Nirogayu Ayurveda & Panchakarma Center 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?
  Consultation
- Have you come in contact with the covid-19 positive patient in last one month?
  No
- Have you attended any gathering or visited any crowded market place in the last 14 days? If yes, please specify.
  No
- Are you taking any precautionary measures for boosting your immunity prior to coming? If yes, 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 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 form a doctor and I will take every precaution to prevent this fro m happening But I will not at all hold Doctors and clinic staff accountable if such infection occurs to me or my accompanying p ersons.

Signature
Jyoti

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B-53, Patel Nagar, Manna ka Road, Alwar, Rajasthan, 301001

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

UHID: NAPL0208 OPD: OP-616 Date : 06/11/12

Patient Name (रोगी का नाम) Jyoti Age (उम्र) 16 Sex (लिंग) F

Name of W/O, D/O, S/O(पिता/पति का नाम) Ramesh

Address(पता) Multan Nagar Dhakadi Alwar

Phone No.(फोन नं.) 9462248881 E-mail(ई- मेल)

Name of Doctor /डॉक्टर का नाम : Dr. Ashok Kumar Sharma

Dear Sir/Madam, प्रिय माहोदय/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 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/ सेवाएँ	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 जाँच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?	✓	
2.	Explained about diagnosis and treatment? निदान और उपचार के बारे में समझाया ?	✓	
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 ?	✓	
5.	Did staff treat you with dignity and respect? क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	✓	
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 ?	✓	
8.	What one thing would you change about the department? इस विभाग में कोई भी ऐसी चीज जिस में आप सुधार चाहते हैं ?	नहीं	नहीं

Your comments /

Date: 06/11/12

Signature (Hospital Authority)

Signature (MD/MS)

Signature (Patient/Guardian)