SHUDDHI AYURVEDA PANCHKARMA HOSPITAL
(A UNIT OF JEENA SIKHO LIFECARE PVT. LTD.)
(CHAIN OF 160 SUPER SPECIALITY AYURVEDA CLINICS & 2 HOSPITALS)

Dr. Rajat Tyagi
B.A.M.S

UHID NO - JS2021321 OPD - 4640 19/10/21
Age 36yrs.

ORTHOCARE
- Joint Pain
- Cervical Pain
- Low Back Ache

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

GASTOCARE
- Acidity
- Constipation
- Liver Treatment

FACILITY
- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name: Renu
W/o, D/o, S/o: Mr. Sanjay kumar
Chief Complain
History
Hypothyroidism Dose 75mg.
- Lethargy
- Extra weight Gain
- Stiffness

— 3yrs.

Menstrual History Regular.
Diagnosis: अतिस्थौल्य (obesity)

अष्टविध परिक्षा
स्पर्श M
शब्द M
Face (आकृति) M
Eye (दृष्टि) M
Jiwha (जिह्वा) अलिप्त
Urine (मूत्र) 3-4 times
Stool (मल) मृदु
Nadi (वात, पित, कफ)

Adv udvartan c kolakulathadi ch. (1kg) + Triphla ch. (1/2kg) 40min. | 4days.

(Dash Vidha)
1. Prakrutii वातकफज
2. Vikruti वातज
3. Sara M
4. Samhana M
5. Pramana M
6. Satmya M
7. Satva M
8. Aahar Shakti M
9. Vaya M
10. Vyayam Shakti M

Rx Thyri tab - 1 BD aftermeals c lukewarm water

Dr. Shuddhi powder - 1 HS c lukewarm water after meals at night

Vitals:
B.P.: 120/83 mmHg
Weight: 92kg
Height: 5.3"
RBS.: 86mg/dl.

19/10/21
Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
C-34, Ground Floor, RDC, Raj Nagar,
Ghaziabad-201017

NEXT CONSULATION DATE: 29/10/21

SHUDDHI AYURVEDA PANCHKARMA HOSPITAL

(A UNIT OF JEENA SIKHO LIFECARE PVT. LTD.)

(CHAIN OF 160 SUPER SPECIALITY AYURVEDA CLINICS & 2 HOSPITALS)

Dr. Rajat Tyagi
B.A.M.S

UHID NO - JS2021 3211 OPD - 4668 25/10/21

Age 86 yrs.

ORTHOCARE
- Joint Pain
- Cervical Pain
- Low Back Ache

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

GASTOCARE
- Acidity
- Constipation
- Liver Treatment

FACILITY
- Steamer
- Panchkarma Room
- Ayurvedic Treatment

Name. Renu
W/o, D/o, S/o. Mr. Sanjay kumar.
Chief Complain ↓ Extra weight Gain] - 3yrs.
History Hypothyroidism Dose 75mg.
Menstrual History Regular
Diagnosis. ओवरवीलता (obesity)

अष्टविध परिक्षा
स्पर्श M
शब्द M
Face (आकृति) M
Eye (दृष्टि) M
Jiwha (जिह्वा) आलिप्त
Urine (मूत्र) 3-4 times
Stool (मल) मृदु
Nadi (वात, पित, कफ)

(Dash Vidha)

1. Prakrutii वातकफज
2. Vikruti वातज
3. Sara M
4. Samhana M
5. Pramana M
6. Satmya M
7. Satva M
8. Aahar Shakti M
9. Vaya M
10. Vyayam Shakti M

Vitals.
B.P. 122/80 mmhg.
Weight 90 kg.
Height 5.3"
RBS. 102 mg/dl

℞
Thyri tab - 1 BD after meals
c Lukewarm water
Dr. Shuddhi powder - 1 TS
c Lukewarm water
after meals at night

25/10/21

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
C-34, Ground Floor, RDC, Raj Nagar,
Ghaziabad-201017

NEXT CONSULATION DATE: 1/11/21

JEENA SIKHO LIFECARE PVT. LTD.

CHANDIGARH H/O : SCO-11, Kalgidhar Enclave, Shimla Highway,
Baltana, Zirakpur, 01762-531531, 70597-70597

Patient File No. JS20213211 **Doctor Name :** Dr. Kajal Tyagi **Branch :** RDC Ghaziabad.

DATE	B.P	SUGAR	WEIGHT	REMARKS
19/10/21	120/82 mmHg	RBS-112 mg/dl	92kg	OPD - 4640
25/10/21	124/84 mmHg	RBS-110 mg/dl	90kg	OPD - 4668

Name Renu. C/o / D/o / F/o SH. Sanjay Kumar.

Age 36yr. Weight 92kg Height 5.3" DOB _____ Sex: M ☐ F ☑

Occupation House wife Religion Hindu Blood Group A+ DOM _____

Address Chamber No-101, RDC Rajnagar, Ghaziabad.

City Ghaziabad State U.P Pin Code 201007.

Telephone 7505230500. E-mail ID —

CONFIDENTIAL INFORMATION

MARITAL STATUS ☑ Married ☐ Single ☐ Divorced ☐ Widow ☐ Others

DIET ☑ Veg ☐ Non-Veg ☐ Mixed

ADDICTION/HABIT ☐ Tea ☐ Coffee ☐ Smoking ☐ Alcohol ☐ Tobacco Other_____

PATIENT'S FULL HISTORY

- 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?
- कितनी कैमीकल वाली गोलियां अभी खा रहें हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जावें करा चुके हो और क्या Diagnose हुआ था?
- अतीत में कोई ऐसा घटना घटी हो जिसका जिंदगी पर गहरा असर पड़ा हो?
- सबसे पहले किस बीमारी से शुरूआत हुई थी?

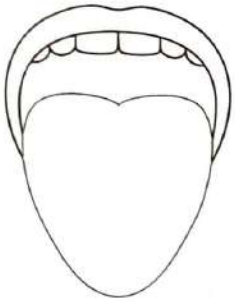
C/o अतिस्थौल्य (Obesity)

H/o Hypothyroidism
On Allopathic Medn.
Dose - 75mcg

Date 19/10/21

Patient Signature रेनु

Tongue (जिह्वा)



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date	19/10					
	White coated					
Naadi (नाड़ी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑					
Pitta						
Kapha	↑					

धरण/कौड़ीः ☐ Yes ☒ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
Lithargy	8 yr.				
Extra weight Gain					

FAMILY HISTORY :
Complaints -

Father	Mother	Sister	Brother	Grand Parents	Father Side चाचा ताऊ बुआ	Mother Side मामा मासी
–	–	–				

Surgery/Procedure History No

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोलियां चल रही है और कौन-कौन सी
Hypothyroidism	7-8 yr		Allopathic HT Dose - 75mcg

GYNAE HISTORY

L.M.P 1/10 Days 3-4 day

FLOW ☐ Scanty ☑ Normal ☐ Excessive Other Now Normal

Clots- X Pain - ☐ Nil ☐ Mild ☐ Moderate ☐ Severe

WHITE DISCHARGE -

Odour - ☐ No smell ☐ Foul smell ☐ Fishy smell — No.

Consistency - ☐ Curdy white ☐ Sticky ☐ Watery

Colour - ☐ Yellow ☐ White ☐ Grey ☐ Green

Itching / Burning - ☐ Yes ☐ No

OBS HISTORY

	Age	Weight	Mode of delivery
Marriage Time			
Before Pregnancy			
After 1st Delivery			☐ Normal ☑ C-Section ☐ Complication
After 2nd Delivery			☐ Normal ☐ C-Section ☐ Complication

Other Detail : G, A1

Abortion History : One

SYSTEMIC EXAMINATION

BOWELS

Frequency / Vega ☑ /Day ☐ Day gap

Consistency
- ☐ Hard
- ☑ Soft
- ☐ Loose
- ☐ Well Formed
- ☐ Mucus mix

Associated with
- ☐ Urgency
- ☐ Strain
- ☐ Pain
- ☐ Bleeding
- ☐ Burning Sensation

Evacuation
- ☑ Complete
- ☐ Incomplete
- ☐ Incontinence

Colour Yellow

Other

Taking Laxatives
- ☐ Yes ☑ NO
- ☐ Allopathic
- ☐ Any Other

APPETITE AND DIGESTION

Do you feel hungry ☑ Yes ☐ No _____

Do you feel tightness before the next meal ☑ Yes ☐ No _____

Do you feel drowsiness after meal ☐ Yes ☑ No _____

GAS / गैस

☑ Bloating
☐ Passing with ease
☐ Passing with difficulty
☐ Burps/डकार

Intensity
☑ Mild
☐ Moderate
☐ Severe

Any med. for gas
☐ Yes
☑ No

Other _____

ACIDITY / तेजाब

☑ Heart burn OK
☐ Reflux
☐ Sour belching
☐ Bile Brash/खट्टा पानी

☑ After food
☐ Before food
☐ Always

Intensity
☑ Mild
☐ Moderate
☐ Severe

Any medicines for gas
☐ Yes
☑ No

EYES

Pallor ☐ Mild ☐ Moderate ☐ Severe

Icterus ☐ Mild ☐ Moderate ☐ Severe

Vision 6/6

Others _____

URINE

Vega
☐ Day
☐ Night
☑ Normal

Associated with
☐ Urgency ☐ Frothy
☐ Strain ☐ Bleeding
☐ Pain ☐ Burning Sensation

☑ Satisfactory
☐ Unsatisfactory
☐ Incontinence

Colour White

Others _____

SLEEP

Duration
☑ Normal
☐ Sound
☐ Dreams

☐ Disturbed
☐ Late onset
☐ Disturbed in Middle

Intensity of Disturbance
☐ Mild
☐ Moderate
☐ Severe

☐ Yes
☑ No

Others _____

MIND

☐ Depression
☐ Anxiety
☐ Short Tempered
☐ Mood Swings

☐ Negative Thoughts
☐ Restless
☐ Stress

☐ Avara Sattva
☐ Pravar Sattva
☑ Madhyam Sattva

Others Normal

ALLERGIES / REACTIONS

Food..... — ..... Medicine ..... — ..... Other .....

INVESTIGATIONS PROVIDED ☐ Yes ☐ No .....

DIAGNOSIS..... Sthaulya (Obesity) .....

CHIKITSA SUTRA.....

SPECIFIC ADVICE..... Avoid heavy meals & dairy products .....

HEMATOLOGY

Investigation Types	1st Visit	2nd Visit	3rd Visit	4th Visit	5th Visit	6th Visit	7th Visit	8th Visit	9th Visit	10th Visit	11th Visit

RADIOLOGY

Pt. Signature. _____ **Doctor Signature** _____

DATE:- 29/10

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
Dr. Shuddhi Powder 1 gm c lukewarm water after meals at night	Thyro Tab 1-1 BD after meals	c lukewarm water

29/10/21

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:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops

DATE	MORNING TO NIGHT DIET FULL DETAILS
19/10/21	**Last Day -** 7!co Am (1) glass normal water. CB.F) 9!co Am. (2) Papamthe + (1) cup Milk Tea. (Lunch) 2!co Pm 3-4 Roti't alco Tomato co sabji (Dinner) 8!co Pm (2) Roti't Dear + Rice.
	Today- 7!co Am (1) glass normal water. CB.F) 9!co Am (2) Papamthe + (1) cup Milk Tea.
25/10/21.	**Last Day -** 7!co Am (1) glass normal water CB.F) 9!co Am Oats (Lunch) 2!co Pm 2-3 Roti' + Dear 1. (Dinner) 8!co Pm Namkeen Daliya.
	Today- 7!co Am (1) glass normal water. CB.F) 9!co Am. Upma.
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-

Shuddhi

SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt.Ltd)

C-34, GROUND FLOOR, RDC, RAJ NAGAR Ghaziabad- 201017, Uttar Pradesh

UHID. JS20213211 OPD 4640 Room No. 02. Date 19/10/21.

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Renu.

Name Of Father/Husband(पिता/पति का नाम) SH. Sanjay Kumar.

Date Of Treatment(उपचार की तिथि) 19/10/21 Time of Treatment(उपचार का समय) 9.00am Age(उम्र) 36y Sex(लिंग) F.

Assistant Doctor (सहायक उपचारक) –

Doctor Incharge(संचालक उपचारक) Dr. Rajat Tyagi.

Treatment end Date(उपचार समाप्ति तिथि) 22/10/21 Time End Of Treatment (उपचार का समय समाप्त) 10.00am

Operation (If Any) –

Procedure(प्रक्रिया) Udvartan.

Diagnosis(रोग निश्चय) अतिस्थौल्य (Obesity).

Address & Phone No.(पता एवं फोन नं.) Chamber No-101, RDC, Rajnagar, Ghaziabad.
7505230500.

Result	Cured/Relived	Investigation Only	Expired
	✓		

Payment :- CASH ✓ TPA Name/No. _____ GOVT.Insurance. _____

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

I am getting admitted on day care basis at Shuddhi Ayurveda Panchkarma Clinic (A Unit of Jeena Sikho Lifecare Pvt Ltd) at my own risk and i am ready for the ayurveda treatment . I am giving my consent after understanding benefit and out come of treatment. the information given by me are absolutely correct .

मैं अपनी मर्जी से शुद्धि आयुर्वेद पंचकर्म क्लिनिक (अ यूनिट ऑफ़ जीना सिखो लाइफकेयर प्राइवेट लिमिटेड) क्लिनिक मे दिवसीय उपचार के लिए भर्ती हो रहा\रही हूँ । मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक चिकित्सा पद्धति के लिए ,और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा\रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णत: सही है ।

Dated (दिनांक) 19/10/21 Attendent (प्रत्यक्षी) Self

Signature (हस्ताक्षर) रेनु Relationship with Patient (रोगी के साथ सम्बंध) Self.

Shuddhi Ayurveda Panchkarma Clinic
(A Unit of Jeena Sikho Lifecare Pvt. Ltd.)
C-34, Ground Floor, RDC, Raj Nagar,
Ghaziabad-201017

Terms & Conditions

1. I have opted on my own for admission into this clinic and will pay the bills as clinic rules and regulations.
2. The management reserves the right to admit or discharge the case amendment /modify rules,regulation and the charges without notice or assigning any reason there of .
3. The facilities provided in the room are maintained in working order but any failure in their functioning does not affect the charge and the management accepts no liability for the same. The Clinic accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone,electricity and air-conditioning failure etc.
4. Patients are advise not be bring any valuable or any jewellery or any other luggage with them. The Clinic will not be responsible for any loss or theft .
5. Suggestions/complaints may be given in writing at the reception.
6. All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque's are not accepted.

नियम व शर्तें

1. मैंने इस क्लिनिक में प्रवेश के लिए अपना खुद का चयन किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा /करुँगी |
2. प्रबंधन नियमों को संशोधित करने का अधिकार सुरक्षित रखता है एवं विनियम और बिना किसी पूर्व सूचना के शुल्क या किसी भी |
3. कमरे में उपलब्ध सुविधाएँ कामकाजी क्रम में रखी जाती है लेकिन उनके कामकाज में कोई विफलता चार्ज को प्रभावित नहीं करती है और प्रबंधन इसके लिए कोई देयता स्वीकार नहीं करता है | क्लिनिक स्ट्राइक, लॉक आउट, वॉटर , टेलीफोन ,बिजली और एयर कंडीशनिंग विफलता इत्यादि के कारण होने वाली किसी भी हानि या असुविधा के लिए कोई ज़िम्मेदारी स्वीकार नहीं करता है
4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य समान ना लाएं | अत: क्लिनिक किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा |
5. रिसेप्शन पर लिखित में सुझाव/शिकायते दी जा सकती है |
6. सभी बिलों का भुगतान नकद में किया जाता है टीपीए /निजी बीमा / सरकारी बीमा आदि | चैक नहीं लिया जाता है |

Dated (दिनांक)..19/10/21.....

Signature (हस्ताक्षर).....

Relationship of Patient (रोगी से सम्बंध).....Self.....

Witness(प्रत्यक्षी).....Self.....

Shuddhi Ayurveda Panchkarma Clinic
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SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt.Ltd)
C-34, GROUND FLOO , RDC, RAJ NAGAR Ghaziabad- 201017, Uttar Pradesh

Covid-19 Mandatory Self Declaration Form

Name : Renu. Date : 19/10/21

Address Chamber No- 101, RDC, Rajnagar, Ghaziabad.

Age :36yr. Contact Number : 7505230500 Gender :M/F F

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),w are requiring all visitors to the **Shuddhi Ayurveda Panchkarma Clinic** (A Unit of **Jeena Sikho Lifecare Pvt.Ltd**) Clinic 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?

  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.

  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.

Shuddhi Ayurveda Panchkarma Clinic
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Ghaziabad-201017

Signature

रेनु

SHUDDHI AYURVEDA PANCHKARMA CLINIC

(A Unit of Jeena Sikho Lifecare Pvt.Ltd)
C-34, GROUND FLOOR, RDC, RAJ NAGAR Ghaziabad- 201017, Uttar Pradesh

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

Name/नाम : Renu. Age(आयु) 36yr Sex(लिंग) F.

OPD: 4640 UHID No. JS2021 3211

Address /पता: Chamber No-101, RDC, Rajnagar, Ghaziabad.

Phone No./ फोन न.: 7505230500. Email / ईमेल :

Name of Doctor /डॉक्टर का नाम: Dr. Rajat Tyagi.

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: 22/10/21

Signature (Patient/Guardian)

Signature (Clinic Authority)

Signature (MD/MS)

Shuddhi Ayurveda Panchkarma Clinic
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Ghaziabad-201017

SHUDDHI AYURVEDA PANCHKARMA CLINIC

Shuddhi

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PANCHKARMA CONSENT

UHID. JS.20.21.321 OPD 4640 Room No. 02 Date 19/10/21

Patient's Name (रोगी का नाम) Renu.

Father's/ Husband's Name (पिता/पति का नाम) Sanjay Kumar.

Date (दिनांक) 19/10/21 Age (उम्र) 36 Yr. Sex (लिंग) F

Address & Phone no. (पता एवं फोन नं.) Chamber No-101, RDC, Rajnagar, Ghaziabad.

Treatment Benefits (उपचार के लाभ)

Risk (जोखिम)

Alternative (विकल्प)

हमें हमारी थैरेपी के बारे में पूर्णत: बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे मे भी बता दिया गया है |

जैसे :-

घुटनों में सूजन	☐	झनझनाहट	☐
पैरों में दर्द	☐	अकड़न	☐
पेट मे भारीपन	✓	सुन्नपन	☐
कमर में दर्द	☐	उल्टी	☐
दर्द में वृद्धि	☐	दस्त	☐
बुखार आना	☐	बी.पी कम होना	☐

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है | मैं स्वत: अपनी इच्छानुसार अपनी होनी वाली थैरेपी Udvartan के बारे में पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: ज़िम्मेदारी मेरी स्वयं की होगी |

- थैरेपिस्ट का नाम Sanjita. थैरेपिस्ट हस्ताक्षर
- डाक्टर का नाम. Dr. Kajal Tyagi रोगी के हस्ताक्षर Renu
- प्रत्यर्थी Renu. दिनांक 19/10/21

We are informed about the therapy & also about the complication in which e.g.

Swelling in Joints	☐	Tingling sensation	☐
Pain in Legs	☐	Tenderness	☐
Tenderness in abdomen	☐	Numbness	☐
Backache	☐	Vomiting	☐
Increase pain	☐	Loose motion	☐
Fever	☐	Decrease B.P	☐

- After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform.
- Therapist's Name: Therapist's Signature
- Doctor's Name Patient's Signature
- Witness Date

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UHID JS2021321I..... OPD 4640 ..... Room No 02 ..... Date 19/10/21.....

PROCEDURE

I Renu. W/o, S/o, D/o Sanjay Kumar.
R/O Chamber No-101, RDC, Rajnagar, Ghaziabad
Date of Admission 19/10/21 Age 36Yr. Sex F
Has been clearly explained about the Procedure Udvartan
By Dr. Dr. Rajat Tyagi

It have been clearly explained about the complications and other impacts of procedure by the doctor clearly in my own language. I have been explained about the expenses for the procedure clearly. I have been explained about the procedure and in case of any emergency or further referral to any higher centre, the required expenses in that case will be paid by me. I am giving my concent for the procedure mention about.

मैं.....पिता/पति का नाम.....पता .....
..... (दिनांक).....उम .....लिंग .....

डॉ .....ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णत: बता दिया है। जिसमें आने वाले उपद्रवो के बारे में भी मुझे मेरी भाषा में बता दिया गया है। यदि किसी भी थैरेपी के दौरान आई आपातकालीन स्थिति में मुझे किसी दूसरे बड़े अस्पताल एवं क्लीनिक में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वाहन करना होगा। मैं क्लीनिक के सारे नियम व कानून पढ़ चुका/चुकी हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

Patient's Name (रोगी का नाम) Renu.
Signature (हस्ताक्षर) रेनु
Date (दिनांक) 19/10/21.
Place (स्थान) U.P
Witness (प्रत्यक्षी) Self

Doctor's Name (चिकित्सक नाम) Dr. Rajat Tyagi
Signature (हस्ताक्षर) 5.00pm
Date (दिनांक) 19/10/21.

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Dr. RAJAT TYAGI
B.A.M.S
Reg. No.-63489

Shuddhi

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CHARGES CONCERN FORM

Name (नाम): Renu. DOA (भर्ती की तारीख): 19/10/24

Age (उम्र) 36 Yrs. Sex (लिंग) F UHID : JS2021.3211 OPD : 4640.

W/O, S/O, D/O (पिता|पति) : Sanjay Kumar. Day Panchkarma: 4 days

Consultant Name (चिकित्सक नाम) Dr. Rajat Garg.

Provisional Diagnosis(रोग निश्चय) अतिस्थौल्य

Final Diagnosis(रोग विनिश्चय) : अतिस्थौल्य

1. Procedure details (प्रक्रिया विवरण): Udvartan
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) —
3. Nursing Charges (नर्सिंग शुल्क) —
4. Package Charges Procedure wise
   - A: Udvartan x 4 days - 1700 x 4 - 6800/-
   - B:
   - C :
   - D:
   - E:
5. Doctor Fees (चिकित्सक शुल्क) —
6. Medicine (approx) costing : 3360/-
7. Consumable (approx) charges : —
8. Accessory (approx) charges : —
9. Diet Charges (आहार शुल्क) : —

Total Estimated Package Rs. 10,160/-

Patient Signature

Receptionist Signature

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INVESTIGATION EXAMINATION (जाँच)

—

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

अतिसार

Udvartan

DIET ADVISE ON DISCHARGE (आहार निर्देष)

As per diet chart

Follow up (दोबारा कब आना है) 7 days / SOS

CONDITION AT THE TIME OF DISCHARGE

Home [—] Dead [ ] Referred [ ] Lama [ ]

-

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)
PH No.+91 9815307894 / 9718634472

A) If pain increases

B) If swelling increases

C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Thyri tab 1-1 bs apa meals
ā lukewarm water

Dr. Shuddhi Powder
1 HS at night
apa meals
ā lukewarm water

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Ghaziabad-201017

Dr. Name Dr. Rajat Tyagi

Sign

Date 19/10/21

Dr. RAJAT TYAGI
B.A.M.S
Reg. No.-63489

Shuddhi

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UHID JS2021.3211 OPD 4640 Room No. 02 Date 22/10/21

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Renu. Age (उम्र) 36 Yrs. Sex (लिंग) F.

W/o, S/o, D/o(पिता|पति) Sanjay Kumar.

Address (पता) Chamber No-101, RDC. Ghaziabad.

Treatment Start Date (उपचार प्रारंभ दिनांक) 19/10/21 End Date of Treatment (उपचार की अंतिम तिथि) 22/10/21

Treatment Start Time (उपचार प्रारंभ समय) 9.00 am Treatment End Time (उपचार समाप्ति समय) 10.00am

Chief Consultant (मुख्य चिकित्सक) Dr. Rajat Tyagi

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त)

lethargy ; Extra weight Gain

Past Medical History (पुराना चिकित्सा वृतान्त) Hypothyroidism

Family History (कुटुंब वृतान्त) No

Pain Scale – 7/10

VitaParameters

B.P 120/80 mmHg
P/R
SUGAR 112 mg/dl
WEIGHT 92kg
HEIGHT 5-3"

MENSTRUAL HISTORY

Regular

Astha Sthana Pariksha

1. NADI वातकफज
2. MALA मृदु
3. MUTRA 3-4 times
4. JIWHA आलिप्त
5. SHABDA मध्यम
6. SPARSHA मध्यम
7. AKRUTI मध्यम
8. DRIKA मध्यम

Dash vidha Pariksha

1) Prakruti वातकफज
2) Vikruti वातज
3) Sara मध्यम
4) Samhana मध्यम
5) Pramana मध्यम
6) Satmya मध्यम
7) Satva मध्यम
8) Agni मध्यम
9) Vaya मध्यम
10) Vyayam Shakti मध्यम

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UHID JS2021.3211 OPD 4640 Room No 02 Date 19/10/21

PROCEDURE

Patient's Name(रोगी का नाम) Renu.

Father's/Husband's Name (पिता/पति का नाम) Sanjay Kumar.

Date (दिनांक) 19/10/21 Age (उम्र) 36 yr. Sex (लिंग) F.

Procedure Perform (प्रक्रिया) Udvartan

Provisional Diagnosis (रोग निश्चय) Arthritis

Final Diagnosis (रोग विनिश्चय) Arthritis

Doctor Name (चिकित्सक नाम) Dr. Rajat Tyagi

Therapist Name(सहायक नाम) Sanjay.

Details of Therapy :

Udvartan ē Kolakulathadi ch. (1 kg)
+
Triphla ch. (1/2 kg)] 4 days.
40 min.

Doctor's Name (चिकित्सक नाम) Dr. Rajat Tyagi.

Date (दिनांक) 19/10/21.

Signature (हस्ताक्षर)

Dr. RAJAT TYAGI
B.A.M.S
Reg. No.-63489

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Daily Feedback Form

Name Renu. Age 36yr. Gender F Date 19/10/21.

PRESENTING COMPLAIN (चिकित्सा शुरुआत की तकलीफ)

- Lethargy
- Extra weight Gain
- Stiffness
-
-

PATHYA/APATHYA पथ्य – Dalia, oats, salad
अपथ्य – Dairy products, Oil fried, अचार, मैदा

S.NO	DATE	TREATMENT	TIME	COMPLAIN	RECTIFICATION	Improve	Not Improve	Pt.SIGN.
1.	19/10/21	Udvartan	10:00am	No	–	Mild.		रेनु
2.	20/10/21	Udvartan	10:00am	No	–	Nice.		रेनु
3.	21/10/21	Udvartan	10:00am	No.	–	Good.		रेनु
4.	22/10/21	Udvartan	10:00am	No.	–	Good.		रेनु

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PAIN SCORING CHART

UHID: JS2021.3211 IPD: 2268. OPD: 4640.

Name. Renu. Age: 36Yr. Sex : F

Consultant: Dr. Rajat Tyagi Date of admission : 19/10/21.

Before Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1.	9:00a	19/10/21	Dr. Rajat	7/10
2.	9:10a	20/10/21	Dr. Rajat	6/10
3.	9:10a	21/10/21	Dr. Rajat	5/10
4.	9:00a	22/10/21	Dr. Rajat	4/10

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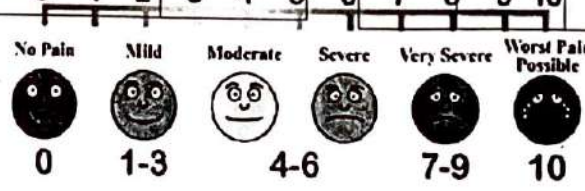
After Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1.	10:00a	19/10/21	Dr. Rajat	6/10
2.	10:00a	20/10/21	Dr. Rajat	5/10
3.	10:00a	21/10/21	Dr. Rajat	4/10.
4.	10:00a	22/10/21	Dr. Rajat	3/10



Prakurti Chart Form

UHID JS20213211 Room No. 02 Date 19/10/21

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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PH No.+91 9815307894 / 9718634472

VITAL CHART

Patient Name : Renu. Gender : F DoA : 19/10/21 UHID No. : JS2021321.

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
19/10/21	92 Kg	98.4°F	121/82.	78/min	19/min	6/10	Neha.
20/10/21.	92 Kg	98.5°F	124/84	74/min	18/min	5/10	Neha.
21/10/21	92 Kg	98.6°F	122/82	76/min	17/min	4/10	Neha.
22/10/21.	92 Kg.	98.3°F	124/80.	77/min	16/min.	3/10.	Neha.

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TEST REQUEST FORM

Name (नाम): ..... DOB (जन्म की तारीख): .....

Age (उम्र)..... Sex (लिंग)..... UHID :..... OPD : .....

W/O, S/O, D/O (पिता|पति) : ..... Day Panchkarma:.....

Provisional Diagnosis(रोग निश्चय).....

Confirm Diagnosis(रोग विनिश्चय) : .....

Name of Consultant (चिकित्सक नाम) :.....

Time of request .....Date.....

1. Lab.....

2. Radiology:.....

3. Scanning :.....

4. Markers :.....

Schedule time :	Information for test :

Request that my reports should not be share with anyone without my permission.

मैं अपनी पूर्ण इच्छा से डॉक्टर की सलाह पर अपनी जाँच की अनुमति प्रदान करता हूँ एवं अपनी जाँच का परिणाम की विनती करता हूँ की यह जाँच मेरी अनुमति के बिना सार्वजनित नहीं की जायें |

Signature :

Signature of Doctor/Nurse

Relation with Patient :

पथ्य – Dalia, oats, Salads, vegetable soup, multi grain flour not spices

अपथ्य – Dairy products, oil fried, अचार, मिठाई

Nutritional Assement:

→ Day 1 to 3.

6:30 Am Herbal Tea.

Then 8:00 Am Oats | Dalya | Upma | Poha.

To be 12:00 Pm Vegetable | Roti-2 | Dal 1 Cup.

4:00 Pm fruits

8:00 Pm Mix Vegetable Soup 1 cup | Dal 1 cup | Roti 1.

SHUDDHI AYURVEDA PANCHKARMA CLINIC

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C-34, GROUND FLOOR, RDC, RAJ NAGAR Ghaziabad- 201017, Uttar Pradesh

DAILY MEDICATION SCHEDULE

UHID: IS2021.3211 OPD 4640 Date : 19/10/21

Patient Name : Renu DOA: 19/10/21

Allergies : No

Consultant : Dr. Rajat Tyagi

PERSONAL MEDICATION RECORD

Name :	Neha	Pharmacy:	Vinit Sharma	Physician:	Dr. Rajat Tyagi
Name :	Neha	Pharmacy:	Vinit Sharma	Physician:	Dr. Rajat Tyagi
Name :	Neha	Pharmacy:	Vinit Sharma	Physician:	Dr. Rajat Tyagi
Name :	Neha	Pharmacy:	Vinit Sharma	Physician:	Dr. Rajat Tyagi
Name :	Neha.	Pharmacy:	Vinit Sharma	Physician:	Dr. Rajat Tyagi

NAME OF DRUG	DOSE	DATE	TIME OF DRUG		
Thyri tab.	1-1	19/10/21	8:00am		8:00pm
Dr Shuddhipow	1-1		8:00am		8:00pm
Thyri tab	1-1	20/10/21	8:00am		8:00pm
Dr. Shuddhipow	1-1		8:00am		8:00pm
Thyri tab	1-1	21/10/21	8:00am		8:00pm
Dr. Shuddhipow	1-1		8:00am		8:00pm
Thyri tab.	1-1	22/10/21	8:00am		8:00am
Dr. Shuddhipow	1-1		8:00pm		8:00pm.

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UHID: JS2021.3211 OPD: 4640 Room No. 02

PH No.+91 9815307894 / 9718634472

PROGRESS NOTES

14/10/21 5:30pm
B.P. : 121/82 mmhg
P/R : 78/min
Temp. : 98.4f
Pain : 7/10

C/S/B Dr. Rajat Tyagi
C/O : lethargy
· Extra weight gain
· Stiffness.

ENS-N
CNS-N
accleon.

Adv udnarban.

Rajat Tyagi

20/10/21 5:30pm
B.P. : 124/89mmhg
P/R : 74/min
Temp. : 98.5f
Pain : 6/10

C/S/B Dr. Rajat Tyagi
C/O · Lethargy
· Extra weight gain
· Stiffness.

Adv udnarban.

Rajat Tyagi

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UHID: JS2021211 OPD: 41640 Room No. 02

PH No.+91 9815307894 / 9718634472

PROGRESS NOTES

21/10/21 5:30pm
B.P. : 122/82mmHg
P/R : 76/min
Temp. : 98.6F
Pain : 5/10

C/S/B Dr. Rajat Tyagi
- C/O. Lethargy
- Extra weight Gain
- Stiffness.

CVS - C
CNS - A

Adv admission.

Rajat Tyagi

22/10/21 5:30pm.
B.P. : 124/80 mmHg
P/R : 74/min
Temp. : 98.8F
Pain : 4/10

C/S/B Dr Rajat Tyagi
C/O - Lethargy
- Extra weight Gain
- Stiffness

CVS - C
CNS - A

Rajat Tyagi

Before Treatment

C/S/B Dr. Rajat Tyagi

C/o · Lethargy
· Extra weight Gain } - 3yrs.
· Stiffness

Adv

Thyri tab 1BD aftermeals
c lukewarm water.

Dr. Shuddhi powder 1TS c lukewarm water
after meals at-night

Udvartan c Kolakulathadi ch. (1kg)
+
Triphla ch. (1/2kg) } - 4days.
Homin.

After Treatment

C/S/B Dr. Rajat Tyagi CVS-A
C/o · Mild lethargy CNS-A
· Mild weight-Gain

Adv Same treatment

Rajat Tyagi

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