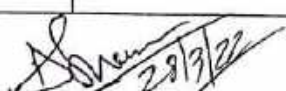


FILE CHECK LIST

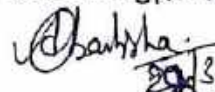
Patient Name: RASIV SHARMA.

MRN: 785.

S no	Content	YES	No	No. Of Pages	Remarks
1	Registration Form	✓		1.	
2	General Consent Form/ PANCHKARMA CONSENT FORM	✓		1.	
	PRAKURTI CHART FORM	✓		1.	
3	Referral /Transfer Form		No.		
4	Patient Initial Assessment Sheet	✓		2.	
5	Plan of Care	✓		1.	
6	Visual Analog Scale Format (Pain)	✓		3.	
7	Diet chart	✓		2.	
8	Progress Note	✓		7.	
9	Reassessment Notes	✓		1.	
10	Informed patient consent for therapy /procedure	✓		1.	
11	Pre procedure instruction sheet	✓		1.	
12	Procedure /Treatment Notes and Post procedure /treatment instructions	✓		1.	
13	Drug chart	✓		1.	
14	Patient and / family member education form	✓		1.	
15	Discharge summary	✓		2.	
16	Investigation Results	✓		1.	
17	Other		✓		

Auditor name & Date:  28/3/22

Consultant Name & Signature: DR. AKANKSHA

 28/3/22
7:00 AM

Vrindavan Ayurveda Chikitsalayam
(unit of R.P Garg and Associates)

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899



VRINDAVAN AYURVEDA CHIKITSALAYAM

Shivalik Foothills, Village Thana, EPIP -II, H.P

Ph:01795667166, +91 7901778899

ADMISSION RECORD

IPD No	:	3	
UHID No	:	725	
Full Name	:	RAJIV SHARMA	
DOB	:	02/07/1985 00:00:00	
Gender	:	Male	Age : 37
Address	:	PANDIT WALI GALI WARD NO.-6	
E-mail ID	:	@	
Nationality	:	India	Mother Tongue :
Profession	:		
Marital Status	:		
Name of person accompanied by	:		
Contact Tel	:	+971558954201	
Admission Date	:	13/03/2022	
Suggested Duration of Treatments	:		
Bed Number	:	R-204	
Chief Physician	:	Dr. Akanksha	
Consulting Doctor	:	Dr. Akanksha	

Patient Name	RAJIV SHARMA.
Treating Valdya Name	DR. ANKSHA.
Unique Identification Number	725
OP/IP	A.P
Admitted Location	RL 204
Date & Time	13/03/2022 @ 4:00 P.m.

VAC /F 1/10 21

Registration Form

Date of Registration: 13/03/2022

Name: RAJIV SHARMA.

Date of Birth: 02/07/1985 Age: 37 Year: 1985.

Sex: ☒ Male ☐ Female

Nationality: A N D I A N

Aadhar Card or Passport No.: 8 1 7 5 0 7 1 6 7 3 4 8

Postal Address: PAENDITA WALI GALI WARD No.6

PULL HERA HOSHIARPUR.

Phone No: 9 1 1 5 1 1 3 3 4 6

Email Id: No. Referred By: No.

Came to know Vrindavan Ayurveda Chikitsalayam: (Tick appropriate)

Newspaper / Friend / TV / Sign board / Pamphlets

Signature of Patient/Relative

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Badli, Himachal Pradesh Ph : (01795 667166) +91 7901778899

ADMISSION REQUEST

Patient Name: <u>RASHI SHARMA.</u>	MRN: <u>725.</u>
Consultant Name: <u>DR. AKANKSHA.</u>	Date: <u>13/03/2022.</u>
Routine ☒ Urgent ☐	Room Type: Single ☒ Twin ☐ Multiple Bedded ☐
Primary Diagnosis: <u>KATEEGRAHAM.</u>	
Expected Date of Discharge: <u>27/12/2022.</u>	
Admitting Doctor	
Name: <u>DR. AKANKSHA.</u>	
Signature: <u>[Signature]</u>	
Date: <u>13/03/2022</u>	Time: <u>4:00 P.m.</u>

Patient Name	RAJIV SHARMA.
Treating Vaidya Name	DR. AKANKSHA.
Unique Identification Number	785
OP/IP	O.P
Date & Time	13/03/2022 @ 4:00 P.m.

VAC /F-2/10-21

General Consent Form

I, RAJIV SHARMA aged 34 years, here by consent to undergo treatment at Vrindavan Ayurveda Chikitsalayam, Baddi, explained to me to my full knowledge in my own language about my condition, treatment procedures planned, the duration of treatment, do's & don'ts during the treatment procedure, the risk associated with the treatment procedure, the possible outcome, the services available at the Vrindavan Ayurveda Chikitsalayam, and the approximate cost of the treatment.

I agree to undergo the treatment procedures and abide by the instructions given to me by the treating Vaidya.

Patient rights and responsibilities explained to me in my understanding manner and language, I understood also, I am agreed to follow patient responsibilities and I will abide by the hospital / facility rules.

I also give consent to make timely payments of all dues of the hospital that are incurred from time to time during the management of patient in the hospital.

Date & Time :

13/03/2022 @ 4:05 P.m.

Vaidya Name & Signature :

DR. AKANKSHA

DR. AKANKSHA SONI
BAMS, REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Witness Name & Signature :

CHETAN SHARMA

Patient Name & Signature :

RAJIV SHARMA

Parent / Guardian Name & Signature, if the patient is minor :

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

रोगी का नाम	
ईलाज करने वाले वैद्य का नाम	
विशिष्ट पहचान संख्या	
ओ पी /आई पी	
तिथि एवं समय	

VAC /F-2/10-21

सामान्य सहमति प्रपत्र

मैं आयु वर्ष, यहां सहमति से गुजरना
वृंदावन आयुर्वेद चिकित्सालय, बड़ी में उपचार ने मुझे मेरी स्थिति, नियोजित उपचार प्रक्रियाओं, उपचार की अवधि, उपचार प्रक्रिया के दौरान
क्या करें और क्या न करें, उपचार प्रक्रिया से जुड़े जोखिम के बारे में मेरी अपनी भाषा में पूरी जानकारी के साथ समझाया। संभावित परिणाम,
वृंदावन आयुर्वेद चिकित्सालय में उपलब्ध सेवाएं और उपचार की अनुमानित लागत।

मैं उपचार प्रक्रियाओं से गुजरने और मेरे द्वारा दिए गए निर्देशों का पालन करने के लिए सहमत हूँ।

वैद्य का इलाज रोगी के अधिकारों और जिम्मेदारियों को मेरी समझ और भाषा में समझाया, मैं भी समझ गया, मैं रोगी जिम्मेदारियों का पालन
करने के लिए सहमत हूँ और मैं अस्पताल/सुविधा नियमों का पालन करूंगा।

मैं अस्पताल में रोगी के प्रबंधन के दौरान समय-समय पर होने वाले अस्पताल के सभी बकाए का भुगतान करने के लिए भी सहमति देता हूँ।

तिथि एवं समय :

वैद्य का नाम एवं हस्ताक्षर :

साक्षी का नाम एवं हस्ताक्षर :

मरीज का नाम एवं हस्ताक्षर :

मातापिता /अभिभावक का नाम एवं हस्ताक्षर, यदि रोगी नाबालिग है :

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

PANCHKARMA CONSENT (पंचकर्म सहमति)

UHID..... 725..... IPD..... 725..... Bed No..... R1204..... Date..... 13/03/2022.....

Patient Name (रोगी का नाम)..... RAVI SHARMA.....

Name of W/O, D/O, S/O (पिता/पति का नाम)..... PREENA SHARMA.....

Address & Phone No. (पता एवं फोन नं.)..... PARIYA WAI GALL, WARD No. 6, POU HERA, HOSHIAARPUR.....

DOA (भर्ती की तिथि)..... 13/03/2022..... TOA (भर्ती का समय)..... 4:00 PM..... Age (उम्र)..... 37..... Sex (लिंग)..... M.....

Treatment Benefits (उपचार के लाभ)..... L.R. Pain will decrease & Blood supply improved.....

Risk (जोखिम)..... Lower back Pain may be increase.....

Alternative (विकल्प)..... Stop warming therapy & rectification will be done.....

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

हमें हमारी थैरेपी के बारे में पूर्णतः बता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के बारे में भी बता दिया गया है।

जैसे :-

- | | |
|---|--|
| ☐ Fever (बुखार आना) | ☐ Tingling sensation (झनझनाहट) |
| ☐ Tenderness in abdomen (पेट में भारीपन) | ☒ Tenderness (अकड़न) |
| ☒ Backache (कमर में दर्द) | ☐ Numbness (सुन्नपन) |
| ☒ Increase pain (दर्द में वृद्धि) | ☐ Vomiting (उल्टी) |
| ☐ Decrease B.P (बी.पी कम होना) | ☐ Loose motion (दस्त) |

After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform. 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 in the procedure clearly. I have been explained about the details of PROCEDURE, in case of any emergency and further referral to any higher center, the required expenses in that case will be paid by me. I had read about the clauses clearly and giving my concern for the procedure mention about

आदि के बारे में डाक्टर द्वारा अवगत करा दिया गया है। मैं स्वतः अपनी इच्छानुसार अपनी होनी वाली थैरेपी के बारे में पूर्णतः ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ। इसकी पूर्णतः जिम्मेदारी मेरी स्वयं की होगी। मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णतः बता दिया है। जिसमें आने वाले उपद्रवों 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 में जाना पड़ता है तो इसका पूर्ण खर्चा मुझे स्वयं वहन करना होगा। मैं अस्पताल के डॉक्टरों के नियमों व कानून पढ़ चुका/चुकी हूँ एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूँ।

> Doctor's Signature (डॉक्टर के हस्ताक्षर)..... DR. AKANKSHA..... Patient's Signature (रोगी के हस्ताक्षर).....

Prakurti Chart Form

230
V P K

UHID.....725..... IPD.....725..... BED NO.....R1204..... DATE.....13/03/2022

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	☐ Calm steady stable
Memory ☐	Short-term best	☒ Good general memory	☐ Long-term best
Thoughts ☐	Constantly changing	☐ Fairly steady	☐ Steady stable fixed
Concentration	Short-term 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	☐ Slow
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 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 low	☐ Moderate	☐ Strong
Works best ☐	White supervised	☐ Alone	☐ In groups
Weather preference ☐	Aversion to cold	☐ Aversion to heat	☐ Aversion to damp 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 cold air or hot sun.
9. Avoid stress and strain during treatment.
10. Don't travel on vehicles immediately after treatment.
11. Immediately after travelling 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.

DR. AKANKSHA BONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

13/03/2022
4:07 PM

Patient Name	RAJIV SHARMA.
Treating Vaidya Name	DR. AKANKSHA.
Unique Identification Number	725
OP/IP/Emergency	J.P.
Admitted Location	R.L.204.
Date & Time	13/03/2022 P 4:07 P.m.

VAC /F-4/10-21

Patient Initial Assessment Sheet

Chief complaints	Lower back pain radiate to both legs Rt + Lt ++ Since 2-3 years back. Weight Lifting Since 2014. Swelling on Lower back Lt. Side.
History of present illness	Firstly weight lifting Since 2014 & then started to Lower back pain radiate to both legs Rt + Lt ++ Since 2-3 years back & then after swelling on Lower back Lt. Side.
Vital signs	Wt. → 87kg. B.P → 130/90 mmHg. R.R. → 16/min. P.R. → 75/min.

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

System Examination details

S. L. R. Done.

Pain Score	9/10.			
Nutritional risk	No.			
Is patient vulnerable? If yes mention type	No.			
Previous Medications	No.			
	Name of the drug	Dose	Route /Site	Frequency /Time
		N.A.		
	Any allergies: No any food allergies & Drug Allergies.			
Provisional Diagnosis	KATEEGHRAHAM.			
Vaidya Name & Signature:	DR. AKANKSHA & Akanksha			
Date & Time:	13/03/2022. & 4:09 P.m.			

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

Patient Name	RADIV SHARMA
Treating Valdy Name	DR. AKANKSHA
Unique Identification Number	725
OP/IP/Emergency	A.P.
Admitted Location	R/204
Date & Time	13/03/2022 P 4:10 P.m.

VAC/F-5/10-21

Plan of Care

Problem	Planned intervention /treatment	Nature of care (Preventive/Curative /Investigative /Rehabilitative)	Desired Result
Lower back	PICHU	CURATIVE	FEELING BETTER
pain Radiate	KALARI UZHICHIL	✓	✓
to both legs.	K.K. DRY KIZHI	✓	✓
Swelling on		✓	✓
Lower back			
Left Side.			

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Valdy Name & Signature: DR. AKANKSHA & [Signature]

Consultant Name & Signature: DR. AKANKSHA & [Signature]

Date & Time: 13/03/2022 P 4:12 P.m.

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

VITAL CHART

PATIENT NAME : RANV SHARMA GENDER : M DOA : 13/03/2022 UHID NO. : 725

DATE	TIME	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
14/03/2022	4:10A	87Kg	98.4°F	130/90mmHg	73/min	18/min	9/10	JIBIN MELBIN
	5:20P	u	98.6°F	125/85mmHg	75/min	16/min	9/10	JIBIN MELBIN
15/03/2022	7:00A	u	98.3°F	128/85mmHg	80/min	15/min	9/10	JIBIN MELBIN
	5:20P	u	98.5°F	120/80mmHg	76/min	20/min	9/10	JIBIN MELBIN
16/03/2022	7:10A	u	98.4°F	125/85mmHg	78/min	18/min	9/10	JIBIN MELBIN
	6:00P	u	98.2°F	130/90mmHg	82/min	16/min	8/10	JIBIN MELBIN
17/03/2022	8:00A	u	98.4°F	120/80mmHg	80/min	15/min	8/10	JIBIN MELBIN
18/03/2022	7:00A	u	98.5°F	125/85mmHg	75/min	18/min	8/10	JIBIN MELBIN
19/03/2022	7:30A	u	98.2°F	130/90mmHg	78/min	16/min	8/10	JIBIN MELBIN
20/03/2022	7:10A	u	98.3°F	120/80mmHg	76/min	20/min	8/10	JIBIN MELBIN
21/03/2022	7:00A	85Kg	98.4°F	125/85mmHg	78/min	18/min	7/10	JIBIN MELBIN
22/03/2022	7:20A	u	98.5°F	130/90mmHg	80/min	19/min	7/10	JIBIN MELBIN
23/03/2022	7:25A	u	98.2°F	120/80mmHg	82/min	20/min	7/10	JIBIN MELBIN
24/03/2022	7:30A	u	98.3°F	130/90mmHg	80/min	19/min	7/10	JIBIN MELBIN
25/03/2022	7:20A	u	98.4°F	120/90mmHg	72/min	20/min	6/10	JIBIN MELBIN
26/03/2022	7:30A	u	98.5°F	130/90mmHg	78/min	18/min	6/10	JIBIN MELBIN
27/03/2022	7:00A	u	98.4°F	120/80mmHg	80/min	20/min	5/10	JIBIN MELBIN

Patient Name	RAJIV SHARMA.
Treating Vaidya Name	DR. ANIKSHA.
Unique Identification Number	725
OP/IP/Emergency	O.P.
Date & Time	13/03/2022. 4:14 P.m.

VAC /F-6/10-21

Visual Analog Scale Format

Date of Examination: 13/03/2022

Name: RAJIV SHARMA.

Date of Birth: 02/07/1985 Age: 37 Years:

Sex: ☒ Male

☐ Female

Nationality:

A N D I A N

Phone No:

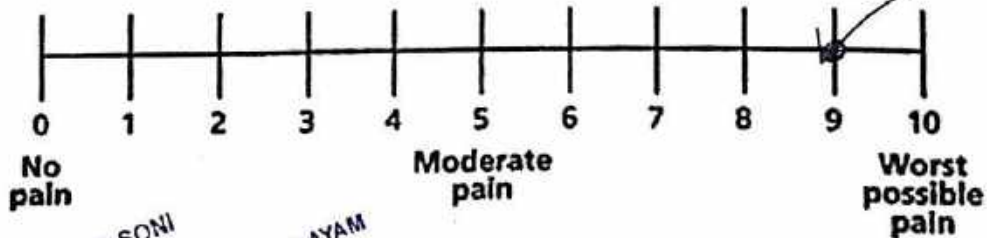
9 1 1 5 1 1 3 3 4 6

Email Id:

No.

Referred By:

No.



Date, Time and Signature of Vaidya:
DR. ANIKSHA SONI
B.A.M.S., REGD. No. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM
13/03/2022, 4:15 P.m.

VRINDAVAN AYURVEDA CHIKITSALAYAM

VRINDAVAN ESTATE, VILLAGE THANA, EPIP-2, BADDI, HIMACHAL PRADESH Ph : (01795 667166) +91 7901778899

PAIN SCORING CHART

UHID: 725

IPD: 725

OPD: 725

Name: RATIN SHARMA Age: 44 Sex: M.

Consultant: DR. AKANKSHA Date of admission: 13/03/2022

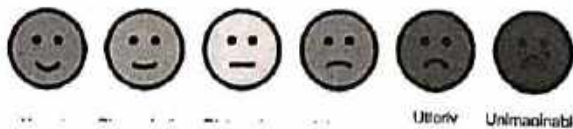
BEFORE TREATMENT

S.No.	Time	Date	Checked by	Pain Scoring
1.	10:00 P.m	14/03/2022	DR. AKANKSHA	9/10
2.	10:10 A	15/03/2022	"	9/10
3.	10:15 A	16/03/2022	"	9/10
4.	10:20 A	17/03/2022	"	9/10
5.	10:00 A	18/03/2022	"	8/10
6.	10:05 A	19/03/2022	"	8/10
7.	10:30 A	20/03/2022	"	8/10
8.	7:50 A	21/03/2022	"	8/10
9.	7:40 A	22/03/2022	"	8/10
10.	7:30 A	23/03/2022	"	8/10
11.	7:40 A	24/03/2022	"	8/10
12.	7:10 A	25/03/2022	"	8/10
13.	7:20 A	26/03/2022	"	7/10
14.	7:00 A	27/03/2022	"	7/10

AFTER TREATMENT

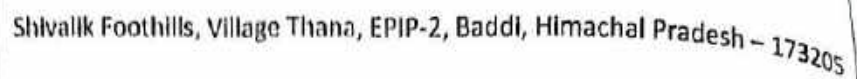
S.No.	Time	Date	Checked by	Pain Scoring
1.	1:00 P.m	14/03/2022	DR. AKANKSHA	9/10
2.	1:10 P.m	15/03/2022	"	9/10
3.	1:15 P.m	16/03/2022	"	9/10
4.	1:20 P.m	17/03/2022	"	9/10
5.	1:05 P.m	18/03/2022	"	8/10
6.	1:00 P.m	19/03/2022	"	8/10
7.	1:10 P.m	20/03/2022	"	8/10
8.	9:15 A	21/03/2022	"	8/10
9.	9:30 A	22/03/2022	"	8/10
10.	9:40 A	23/03/2022	"	8/10
11.	10:00 A	24/03/2022	"	7/10
12.	10:10 A	25/03/2022	"	7/10
13.	10:20 A	26/03/2022	"	6/10
14.	10:00 A	27/03/2022	"	5/10

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM



Utterly Unbearable

Signature: [Signature]
Date: 27/03/2022
Time: 7:00 P.m



Utterly	Unimaginable
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Patient Name	RAJIV SHARMA
Treating Vaidya Name	DR. AKANKSHA
Unique Identification Number	725
OP/IP/Emergency	S.P.
Admitted Location	R1204
Date & Time	12/03/2022 @ 4.00 P.m

VAC /F-7/10-21

Diet Chart

Patient Name: RAJIV SHARMA Age/Gender: 37/M.

Diagnosis: KATEEGHRAM

Height: 6² Weight: 87 kg.

Meal Type

Meal Items

Breakfast:

POHA | UPMA | CHUTNEY

Lunch:

CHAPPATI | SBTJ | DAL | MIX VEGETABLE.

Dinner:

ONE CHAPPATI / FRUITS.

Items to Avoid:

CURD, BAKERY ITEM, SPICY FOOD.

Items to Include:

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Date, Time & Signature of Vaidya: 13/03/2022 @ 4:10 A.M. [Signature]

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

Patient Name	
Treating Vaidya Name	
Unique Identification Number	
OP/IP/Emergency	
Admitted Location	
Date & Time	

VAC /F-7/10-21

Diet Chart

Patient Name: Age/Gender:

Diagnosis:

Height:

Weight:

Meal Type

Meal Items

Breakfast:

Lunch:

Dinner:

Items to Avoid:

Items to Include:

Date, Time & Signature of Vaidya:

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899



[illegible][illegible][illegible][illegible]



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P. Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 725

OPD: 725

Room No. R1204 PH

No.01795667166 /9418514681/9497672347

PROGRESS NOTES

DR. AKANKSHA SONI

DATE: 14/03/2022. → Lower back pain radiate to
TIME: 9:00 Am. both legs Rt + Lt + since 2-3 years back
B.P.: 130/90 mmHg. → Weight lifting since 2014.
Pulse: 73/min. → Swelling on lower back Lt. side.
Temp.: 98.4°F.
Pain: 9/10.

Abbetite → Ased. Time → 10:00 Am - 12:00 P.m.
Bowel → Incomplete Evacuation Adv. → 1) KOLAKULTHADI DRY KIZHI FULL BODY X 45 Min.
Sleep → Disturbed Sleep. 2) PICHU + G.T. + MURIVENA.
Rx → 1) ADARISAHACHARADI KASHAYAM 15 MLT 3) KALARI UZHICHIL + DHANWANTHARA
60 ML WATER 6 Am & 6 P.m. + SAHACHARADI + KARPOORADI THAILAM.
2) KSHEERBALA (101) 15 DROPS + KASHAYAM
6 Am & 6 P.m.
3) BALA THAILAM 2 TAB 8 Am & 8 P.m. + Normal Water.
4) RHEUMA CALM 1 TAB 8 Am & 8 P.m. + Normal Water.
5) GULGULUTHIKTHAKAM GHRUTHAM 2 TSP MORNING ON EMPTY STOMACH & 2 TSP After Dinner.

DATE: 14/03/2022.
TIME: 6:00 P.m.
B.P.: 125/85 mmHg.
Pulse: 78/min.
Temp.: 98.5°F.
Pain: 9/10.

* Relief After Panchkarma

Therapy.

* Stiffness reduced from orange

10 to 9.

Time → 10:00 Am - 12:00 P.m.

Abbetite → Good.

Bowel → Normal.

Sleep → Good.

Adv.

1) KOLAKULTHADI DRY KIZHI FULL BODY X 45 MIN.

2) PICHU + G.T. + MURIVENA. X 30 Min.

3) KALARI UZHICHIL + DHANWANTHARA + SAHACHARADI + KARPOORADI THAILAM.

DR. AKANKSHA
14/03/2022
6:03 P.m.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 425

OPD: 425

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

* Relief After Panchkarma Therapy.

DATE: 15/03/2022.

TIME: 9:05 Am.

B.P.: 130/80 mmHg.

Pulse: 78/min.

Temp.: 98.3°F.

Pain: 9/10.

* Stiffness reduced from orange 10 to 9.

Time - 10:00 Am - 12:30 P.m.

Adv. →

1) KOLAKULTHADI DRY KIZHI FULL

BODY X 45 MIN.

2) PICHU E G. T. + MURIVENA.

3) KALARI UZHICHIL E DHANWANTHAR
-M + SAHACHARADI + KARPOORADI THAILA

DR. Akanksha.
15/03/2022
9:08 Am.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

DATE: 15/03/2022.

TIME: 6:04 P.m.

B.P.: 125/85 mmHg.

Pulse: 80/min.

Temp.: 98.4°F.

Pain: 9/10

* Relief After Panchkarma Therapy.

* Feeling better.

Time → 10:00 Am - 12:30 P.m.

Adv. →

1) KOLAKULTHADI DRY KIZHI

FULL BODY X 45 MIN.

PICHU G. T. + MURIVENA

X 30 MIN.
KALARI UZHICHIL E DHANWANTHAR
+ SAHACHARADI + KARPOORADI THAILAM

X 45 Min.

DR. Akanksha.
15/03/2022
6:05 P.m.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

UHID: 485.

OPD: 485.

Room No. R1204 PH

No.01795667166 /9418514681/9497672347

PROGRESS NOTES

DATE: 16/03/2022.

TIME: 9:10 Am.

B.P.: 125/85 mmHg.

Pulse: 78/min.

Temp.: 98.5°F.

Pain: 9/10.

* Relief After Panchkarma
Therapy.

* Stiffness reduced from orange
10 to 9.

Dr. Akanksha
16/03/2022
9:12 Am.

Appetite → Good.

Bowel → Normal

Sleep → Good.

Time → 10:00 Am - 12:30 P.m.

Adv. → 1) KOLAKULTHADI DRY KIZHI
FULL BODY X 45 MIN.

2) PICHU + G. T. + MURIVENA
X 30 MIN.

3) KALARI UZHICHIL + DHANWANTHARA
+ SAHACHARADI + KARPOORADI THAILAM.

DATE: 16/03/2022

TIME: 6:10 P.m.

B.P.: 125/80 mmHg.

Pulse: 80/min.

Temp.: 98.4°F.

Pain: 8/10.

* Relief After Panchkarma
Therapy.

* Pain reduced from orange
10 to 8.

Time → 10:00 Am - 12:30 P.m.

Appetite → Good. Adv. → 1) KOLAKULTHADI DRY KIZHI
FULL BODY X 45 MIN.

Bowel → Normal 2) PICHU + G. T. + MURIVENA.

Sleep → Good. 3) KALARI UZHICHIL X 30 MIN.
+ DHANWANTHARA
+ SAHACHARADI + KARPOORADI THAILAM
X 45 MIN.

Dr. Akanksha
16/03/2022



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205



UHID: 725.

OPD: 725.

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

* Relief After Panchkarma Therapy.

DATE: 14/03/2022.

TIME: 9:00 Am.

B.P.: 130/90 mmHg.

Pulse: 80/min.

Temp.: 98.5°F.

Pain: 9/10.

* Feeling better.

Time → 10:00 Am - 12:30 Pm.

Adv. → 1) KOLAKULTHADI DRY KIZHI

FULL BODY X 45 MIN.

2) PICHU E G. T. + MURIVENA

X 30 MIN.

3) KALARI UZHICHIL E DHANWANTHARA

+ SAHACHARADI + KARPOORADI THAILAM

X 45 MIN.

* Relief After Panchkarma Therapy.

* Pain reduced from range 10 to 8.

Time → 10:00 Am - 12:30 P.m.

Adv. → 1) KOLAKULTHADI DRY KIZHI

FULL BODY X 45 MIN.

2) PICHU E G. T. + MURIVENA

X 30 MIN.

3) KALARI UZHICHIL E DHANWANTHARA

+ SAHACHARADI + KARPOORADI THAILAM

X 45 MIN.

DR. AKANKSHA
14/03/2022
9:02 Am.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

DATE: 17/03/2022.

TIME: 6:00 P.m.

B.P.: 125/85 mmHg.

Pulse: 78/min.

Temp.: 98.4°F.

Pain: 8/10.

* Relief After Panchkarma Therapy.

* Pain reduced from range 10 to 8.

Time → 10:00 Am - 12:30 P.m.

Adv. → 1) KOLAKULTHADI DRY KIZHI

FULL BODY X 45 MIN.

2) PICHU E G. T. + MURIVENA

X 30 MIN.

3) KALARI UZHICHIL E DHANWANTHARA

+ SAHACHARADI + KARPOORADI THAILAM

X 45 MIN.

DR. AKANKSHA
17/03/2022
6:02 P.m.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

UHID: 785.

OPD: 785.

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

* Relief After Panchkarma
Therapy.

DATE: 18/03/2022.

TIME: 9:10 Am.

B.P.: 125/85 mmHg.

Pulse: 76/min.

Temp.: 98.3 °F.

Pain: 8/10

* Stiffness reduced from
orange 10 to 8.

Adv → TIME → 10:00 Am - 12:30 P.m.

KOLAKULTHADI DRY KIZHI FULL

BODY X 45 MIN.

PICHU ± G.T. + MURIVENA.
X 30 MIN.

KALARI UZHICHIL ± DHANWANTHARAM

+ SAHACHARADI + KARPOORADI THAILAM.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

Dr. Akanksha.

18/03/2022.
9:15 Am.

* Relief After Panchkarma
Therapy.

* Pain reduced from orange
10 to 8.

Adv → TIME → 10:00 Am - 12:30 P.m.

1) KOLAKULTHADI DRY KIZHI FULL BODY X 45 MIN.

2) PICHU ± G.T. + MURIVENA X 30 MIN.

3) KALARI UZHICHIL ± DHANWANTHARAM + SAHACHARADI
+ KARPOORADI THAILAM.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

DATE: 18/03/2022

TIME: 6:05 P.m.

B.P.: 120/80 mmHg.

Pulse: 78/min.

Temp.: 98.5 °F.

Pain: 8/10

Dr. Akanksha.

18/03/2022.
6:10 P.m.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 425

OPD: 425

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

DATE: 19/03/2022. * Relief After Panchkarma

TIME: 9:15 Am.

B.P.: 130/90 mmHg.

Pulse: 80/min.

Temp.: 98.5°F.

Pain: 8/10

Therapy.

* Feeling better.

Adv → TIME → 10:00 Am - 12:30 Pm.

Appetite → Good.

1) KOLAKULTHADI DRY KIZHI FULL BODY

X 45 MIN.

Bowel → Normal.

2) PICHU T. G. T. + MURIVENA

Sleep → Good.

3) KALARI UZHICHIL T. X 30 MIN.

+ SAHACHARADI + KARPOORADI THAILAM

X 45 MIN.

Dr. Akanksha.
19/03/2022.
9:17 Am.

DATE: 19/03/2022.

TIME: 6:10 Pm.

B.P.: 125/85 mmHg.

Pulse: 76/min.

Temp.: 98.4°F.

Pain: 8/10

* Relief After Panchkarma

Therapy.

* Stiffness reduced from orange
10 to 7.

Adv → TIME → 10:00 Am - 12:30 Pm.

Appetite → Good.

1) KOLAKULTHADI DRY KIZHI FULL BODY

X 45 MIN.

Bowel → Normal

2) PICHU T. G. T. + MURIVENA.

Sleep → Good.

3) KALARI UZHICHIL T. X 30 MIN.

- RAM + SAHACHARADI + KARPOORADI

THAILAM X 45 MIN.

Dr. Akanksha.
19/03/2022.
6:12 Pm.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 425

OPD: 425

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

* Relief After Panchkarma

DATE: 20/03/2022

TIME: 9:20 Am

B.P.: 130/90 mmHg

Pulse: 78/min

Temp.: 98.4°F

Pain: 7/10

Therapy

* Pain reduced from orange

10 to 7

Adv. → TIME → 10:00 Am - 12:30 Pm.

1) KOLAKULTHADI DRY KIZHI FULL

BODY X 45 MIN.

2) PICHU + G.T. + MURIVENA X 30 MIN.

3) KALARI UZHICHIL + DHANWANTHARAM + SAHACHARADI + KARPOORADI THAILAM.

Appetite → Good

Bowel → Normal

Sleep → Good

Dr. Akanksha

20/03/2022

9:22 Am

DATE: 20/03/2022

TIME: 6:20 Pm

B.P.: 125/85 mmHg

Pulse: 80/min

Temp.: 98.5°F

Pain: 7/10

* Relief After Panchkarma

Therapy

* Stiffness reduced from

orange 10 to 7

Adv. → TIME → 10:00 Am - 12:30 Pm.

1) KOLAKULTHADI DRY KIZHI FULL

BODY X 45 MIN.

2) PICHU + G.T. + MURIVENA X 30 MIN.

3) KALARI UZHICHIL + DHANWANTHARAM + SAHACHARADI + KARPOORADI THAILAM X 45 MIN.

Appetite → Good

Bowel → Normal

Sleep → Good

Dr. Akanksha

20/03/2022

6:22 Pm



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 725

OPD: 725

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

DATE: 21/03/2022.
TIME: 9:00 Am.
B.P.: 130/90 mmHg.
Pulse: 80/min.
Temp.: 98.4°F.
Pain:

* Relief After Panchkarma
Therapy.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

Adv. → PURGATION & AVIPATHY

TIME → CHOORNAM
7:00 Am.

Dr. Akanksha
21/03/2022
9:02 Am.

DATE: 21/03/2022.
TIME: 6:00 P.m.
B.P.: 125/85 mmHg.
Pulse: 76/min.
Temp.: 98.5°F.
Pain: 7/10.

* Relief After Panchkarma
Therapy.

* Pain reduced from
orange 10 to 7.

Appetite → Good

TIME → 10:00 Am - 12:30 P.m.

Bowel → Normal

Adv. → 1) PICHU & G.T. +
MURIVENNA X 30 min.

Sleep → Good.

2) DRY KIZHI X 45 min.

3) KALARI UZHICHIL & DHANWANTHARA

+ SAHACHARADI + KARPOORADI THAILAM

X 45 Min.

Dr. Akanksha
21/03/2022
6:02 P.m.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 725

OPD: 725

Room No. RL204 PH

No.01795667166 /9418514681/9497672347

PROGRESS NOTES

DATE: 22/03/2022.

TIME: 9:25 Am.

B.P.: 130/90 mmHg.

Pulse: 80/min.

Temp.: 98.4°F.

Pain: 7/10.

* Relief

After Panchkarma

Therapy.

* Pain

reduced from orange

10 to 7.

Time → 10:00 Am. - 12:30 P.m.

Dr. Akanksha.

DR. 22/03/2022.

9:27 Am.

Appetite → Good.

Adv. → 1)

Pichu +

G.T. + MURIVENA.

X 30 MIN.

Bowel → Normal.

2)

DRY KIZHI + KOLAKULTHADI

CHOORNAM.

Sleep → Good.

3)

KALARI UZHICHIL + DHANWANTHARAM

+ SAHACHARADI + KARPOORADI THAILAM

* Relief

After Panchkarma

Therapy.

* Pain

reduced from

orange 10 to 7.

Time → 10:00 Am - 12:30 P.m.

DATE: 22/03/2022.

TIME: 6:25 P.m.

B.P.: 125/85 mmHg.

Pulse: 78/min.

Temp.: 98.5°F.

Pain: 7/10.

Adv. → 1)

Pichu +

G.T. + MURIVENA.

X 30 MIN.

Appetite → Good.

2)

DRY KIZHI + KOLAKULTHADI

CHOORNAM X 45 MIN.

Bowel → Normal.

3)

KALARI UZHICHIL + DHANWANTHARAM

+ SAHACHARADI + KARPOORADI THAILAM

X 45 Min.

Dr. Akanksha.

DR. 22/03/2022.

6:27 P.m.

Sleep → Good.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 725

OPD: 725

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

DATE: 23/03/2022

TIME: 9:10 Am.

B.P.: 125/85 mmHg.

Pulse: 78/min.

Temp.: 98.5°F.

Pain: 6/10.

* Relief after Panchkarma Therapy.

* Pain reduced from orange 10 to 6.

TIME → 10:00 Am - 12:30 P.m.

Adv → 1) PICHU & G. T. + MURIVENA. X 30 Min.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

2) DRY KIZHI & KOLAKULTHADI CHOORNAM X 45 Min.

3) KALARI UZHICHIL & DHANWANTHARAM + SAHACHARADI + KARPOORADI THAILAM. X 45 Min.

DATE: 23/03/2022

TIME: 6:10 P.m.

B.P.: 120/90 mmHg.

Pulse: 80/min.

Temp.: 98.4°F.

Pain: 6/10

* Relief After Panchkarma Therapy.

* Stiffness reduced from orange 10 to 7.

TIME → 10:00 Am - 12:30 P.m.

Adv → 1) PICHU & G. T. + MURIVENA X 30 Min.

Appetite → Good.

Bowel → Normal.

Sleep → Good.

2) DRY KIZHI & KOLAKULTHADI CHOORNAM X 45 Min.

3) KALARI UZHICHIL & DHANWANTHARAM + SAHACHARADI + KARPOORADI THAILAM. X 45 Min.

Dr. Akanksha.

23/03/2022

6:12 P.m.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 425

OPD: 425

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

DATE: 24/03/2022.
TIME: 9:15 Am.
B.P.: 120/80 mmHg.
Pulse: 80/min.
Temp.: 98.4°F.
Pain: 6/10

Dr. Akanksha
9:17 Am.

* Relief After Panchkarma
Therapy.

* Pain reduced from orange
10 to 6.

Adv Time → 10:00 Am - 12:30 P.m.
Appetite → Good 1) PICHU + G.T. + MURIVENA X 30 MIN.
Bowel → Normal 2) DRY KIZHI + KOLAKULTHADI
CHOORNAM X 45 MIN.
Sleep → Good. 3) KALARI UZHICHIL + DHANWANTHARAM
+ SAHACHARADI + KARPOORADI THAILAM X 45 MIN.

DATE: 24/03/2022.
TIME: 6:10 P.m.
B.P.: 130/90 mmHg.
Pulse: 82/min.
Temp.: 98.5°F.
Pain: 6/10.

Dr. Akanksha
6:15 P.m.

* Relief After Panchkarma
Therapy.

* Pain reduced from orange
10 to 6.

Adv Time → 10:00 Am - 12:30 P.m.
Appetite → Good 1) PICHU + G.T. + MURIVENA X 30 MIN.
Bowel → Normal 2) DRY KIZHI + KOLAKULTHADI CHOORNAM X 45 MIN.
Sleep → Good. 3) KALARI UZHICHIL + DHANWANTHARAM
+ SAHACHARADI + KARPOORADI THAILAM X 45 MIN.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 485

OPD: 485

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

DATE: 25/03/2022

TIME: 9:00 Am.

B.P.: 110/70 mmHg.

Pulse: 80/min.

Temp.: 98.5°F.

Pain: 6/10

* Relief After Panchkarma

Therapy.

* Stiffness reduced from

orange 10 to 7.

Appetite → Good. TIME → 10:00 Am - 12:30 Pm.

Bowel → Normal Adv → 1) PICHU + G.T. + MURIVENA X 30 MIN.

Sleep → Good. 2) DRY KIZHI + KOLAKULTHADI CHOORNAM X 45 MIN.

3) KALARI UZHICHIL + DHANWANTHARAM + SAHACHARADI THAILAM X 45 MIN.

Dr. Akanksha
25/03/2022
9:05 Am.

DATE: 25/03/2022

TIME: 6:00 Pm.

B.P.: 120/70 mmHg.

Pulse: 78/min.

Temp.: 98.4°F.

Pain: 6/10.

* Relief After Panchkarma

Therapy.

* Pain reduced from orange 10 to 6.

TIME → 10:00 Am - 12:30 Pm.

Adv → 1) PICHU + G.T. + MURIVENA X 30 MIN.

2) DRY KIZHI + KOLAKULTHADI CHOORNAM X 45 MIN.

3) KALARI UZHICHIL + DHANWANTHARAM + SAHACHARADI + KARPOORADI THAILAM X 45 MIN.

Dr. Akanksha
25/03/2022
6:05 Pm.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 425

OPD: 425

Room No. RL204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

DATE: 26/03/2022.

TIME: 9:10 Am.

B.P.: 130/90 mmHg.

Pulse: 78/min.

Temp.: 98.3°F.

Pain: 6/10.

* Relief After Panchkarma
Therapy.

* Stiffness reduced from range

10 to 6.

TIME → 10:00 Am - 12:30 P.m.

Adv. → 1) PICHU + G.T. + MURIVENA
X 30 MIN.

2) DRY KIZHI + KOLAKULTHADI CHOORNAM X 45 MIN.

3) KALARI UZHICHIL + DHANWANTHARAM
+ SAHACHARADI + KARPOORADI THAILAM X 45 MIN.

Dr. Akanksha
26/03/2022
9:12 Am.

DATE: 26/03/2022.

TIME: 6:10 P.m.

B.P.: 125/85 mmHg.

Pulse: 80/min.

Temp.: 98.5°F.

Pain: 6/10.

* Relief After Panchkarma
Therapy.

* Pain reduced from range
10 to 6.

TIME → 10:00 Am - 12:30 P.m.

Adv. → 1) PICHU + G.T. + MURIVENA
X 30 MIN.

2) DRY KIZHI + KOLAKULTHADI CHOORNAM
X 45 MIN.

3) KALARI UZHICHIL + DHANWANTHARAM
+ SAHACHARADI + KARPOORADI THAILAM X 45 MIN.

Dr. Akanksha
26/03/2022
6:12 P.m.

Patient condition is better plan for Discharge Tomorrow.



VRINDAVAN AYURVEDA CHIKITSALAYAM

(Unit of R.P Garg and Associates)

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

UHID: 785

OPD: 785

Room No. R1204 PH

No.01795667166 / 9418514681 / 9497672347

PROGRESS NOTES

DATE: 27/03/2022
TIME: 9:10 Am.
B.P.: 130/90 mmHg.
Pulse: 80/min.
Temp.: 98.4°F.
Pain: 6/10.

Dr. Akanksha
DR. AKANKSHA
27/03/2022
9:12 Am.

* Relief After Panchkarma
Therapy.

* Pain reduced from orange
10 to 6.
Time Adv. → 10:00 Am to 12:30 Pm.

1) PICHU E G. T. + MURIVENA
X 30 MIN.

2) DRY KIZHI E KOLAKULTHADI CHOORNAM.
X 45 MIN.

3) KALARI UZHICHIL E DANWANTHARAM +
SAHACHARADI + KARPOORADI THAILAM
X 45 MIN.

DATE: 27/03/2022.
TIME: 6:20 P.m.
B.P.: 125/85 mmHg.
Pulse: 82/min.
Temp.: 98.5°F
Pain: 5/10.

Dr. Akanksha
DR. AKANKSHA
27/03/2022
6:22 P.m.

* Relief After Panchkarma
Therapy.

* Pain reduced from orange 10
to 5.

* Patient condition is
better for Discharge.

Patient Name	RATNA SHARMA.
Treating Vaidya Name	DR. AKANKSHA
Unique Identification Number	725.
OP/IP	A.P.
Admitted Location	R1204.
Date & Time	13/03/2022 P. 4:15 P.m.

VAC /F-8/10-21

Reassessment Notes

Each time notes should dated, signed and named by Vaidya

Date & Time	Patient Response to the treatment /intervention	Desired Results Met/Not	Further Care Plan	Dr's Sign
14/03/2022 P 2:00 P.m.	Stiffness reduced from orange 10 to 9.	Met.	Treatment continued as per care plan.	Dr. Akanksha
15/03/2022 P 2:20 P.m.	Feeling better	Met.	Treatment continued as per care plan.	Dr. Akanksha
16/03/2022 P 2:00 P.m.	Pain reduced from orange 10 to 8.	Met.	Treatment continued as per care plan.	Dr. Akanksha
17/03/2022 P 1:35 P.m.	Feeling better.	Met.	Treatment continued as per care plan.	Dr. Akanksha
18/03/2022 P 2:00 P.m.	Stiffness reduced from orange 10 to 8.	Met.	Treatment continued as per care plan.	Dr. Akanksha
19/03/2022 P 1:00 P.m.	Feeling better.	Met.	Treatment continued as per care plan.	Dr. Akanksha
20/03/2022 P 10:15 Am.	Pain reduced from orange 10 to 7.	Met.	Treatment continued as per care plan.	Dr. Akanksha
21/03/2022 P 1:00 P.m.	Stiffness reduced from orange 10 to 7.	Met.	Treatment continued as per care plan.	Dr. Akanksha
22/03/2022 P 1:30 P.m.	Pain reduced from orange 10 to 7.	Met.	Treatment continued as per care plan.	Dr. Akanksha
23/03/2022 P 1:40 P.m.	Stiffness reduced from orange 10 to 7.	Met.	Treatment continued as per care plan.	Dr. Akanksha
24/03/2022 P 1:50 P.m.	Pain reduced from orange 10 to 7.	Met.	Treatment continued as per care plan.	Dr. Akanksha
25/03/2022 P 2:00 P.m.	Pain reduced from orange 10 to 7.	Met.	Treatment continued as per care plan.	Dr. Akanksha

Dr. Akanksha

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667106) +91 7901778899

Date & Time	Patient Response To The Treatment/Intervention	Desired Results Meet/Not Meet	Further Care Plan	Dr. Sign
26/03/2022 2 2:00 P.m	Pain reduced from orange to 6.	Met.	Treatment continued as per care plan.	Dr. Akanksha
27/03/2022 2 2:30 P.m	Pain reduced from orange to 5.	Met.	Treatment continued as per care plan.	Dr. Akanksha
27/03/2022 2 3:50 P.m	Patient condition is better plan for the Discharge			Dr. Akanksha
				Dr. Akanksha

Dr. Akanksha
27/03/2022
6:00 P.m

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM
DR. AKANKSHA

Patient Name	RASIV SHARMA.
Treating Vaidya Name	DR. AKANKSHA.
Unique Identification Number	725.
OP/IP	A.P.
Admitted Location	R1 204.
Date & Time	13/10/2022 P 4:28 P.m. 4:17 P.m.

VAC /F-9/10-21

Informed Patient Consent for Therapy or Procedure

I, RASIV SHARMA UHID Age 34 years Husband/Wife/father Name REEMA hereby declare that the Vaidya DR. AKANKSHA has explained the surgery PICHU, KALARI UZHICHIL K.K.K possible complications, known benefits, expected results and consequences if not treated.

1. Procedure details (nature of the procedure):

1) DRY KIZHI & KOLAKULTHADI CHOORNAM.

2) PICHU & G. T. + MURIVENA.

2. Necessity:

2) KALARI UZHICHIL & DH + SAHA + KARPOORAM THAILAM.

3. Expected Results:

To reduce the Lower Back Pain.

4. Possible complications:

Lower Back Pain will reduce.

5. Alternatives:

Allopathic Treatment.

6. Consequences if not treated:

Pain can increase.

7. Right to refuse therapy /procedure:

Explained to the Patient.

Witness name & Signature:	Patient name & Signature:
---------------------------	---------------------------

(Handwritten signature of patient)

Patient Name	RAJIV SHARMA.
Treating Valdya Name	DR. AKANKSHA.
Unique Identification Number	725.
OP/IP	A. P.
Admitted Location	R1804.
Date & Time	13/03/2022 P 4:18 P.m. - 4:18 P.m.

Declaration: I declare that I have informed patient of the procedure noted above including known benefits and possible complications.

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Date & Time: 13/03/2022 P 4:18 P.m.	Valdya Name & Signature DR. AKANKSHA SONI
--	--

Consent for Patient Representative/Surrogate

No.

The patient is unable to give consent because

And I, (name/relationship to the patient), therefore, consent for the patient. I acknowledge that I have had an opportunity to discuss the procedure as stated above, with the doctor or doctor's designee and hereby consent to this procedure.

	Name	Signature	Date	Time
Doctor				
Patient representative with relationship				
Witness				

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

TREATING VAIDYA NAME - DR. AKANKSHA.

PANCHKARMA TREATMENT PLAN	
POORVA KARMA	
TREATMENT DAYS	1) KOLAKULTHADI DRY KIZHI
RISK BENEFITS	Risk → Pain may fluctuate, Burning of spine. Benefit → Relieving the associated pain immediately.
NEXT FOLLOW UP ADVICE	2) PICHU + GI. T. + MURIVENA.
NEXT FOLLOW UP DATE	Risk → Pain may increase, Blood pressure may be fluctuate.
PRADHA KARMA	
TREATMENT DAYS	Benefit → Relieving the associated pain immediately. Blood circulation improved.
RISK BENEFITS	3) KALARI UZHICHIL + DH + SAHA + KARPOORADI THAILAM.
NEXT FOLLOW UP ADVICE	Risk → Pain may increase, stiffness may increase.
NEXT FOLLOW UP DATE	Benefit → Pain decrease, stiffness increase, Blood circulation increases.
PASCHAT KARMA	
TREATMENT DAYS	Diet → Liquid, Soup, Juices Semi Solid → Kitchdi, Dalia
RISK BENEFITS	1) AADARI SAKACHARADI KSH 15ML BD.

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Benefit → Pain will decrease, Blood supply increases.
Risk → Pain may increase, Abdominal Discomfort.

VRINDAVAN AYURVEDA CHIKITSALAYAM
(unit of R.P Garg and Associates)

VRINDAVAN ESTATE, VILLAGE THANA, EPIP-2, BADDI, HIMACHAL PRADESH Ph : (01795 667166) 7901778899

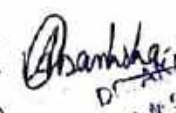
Patient Name	RAJIV SHARMA
Treating Valdy Name	DR. AKANKSHA
Unique Identification Number	725
OP/IP	J.P.
Admitted Location	R1 204
Date & Time	13/03/2022 @ 4:18 P.m.

VAC /F-10/10-21

Pre-Procedure Instructions

Date & Time	Instructions	Valdya Sign & Full Name
13/03/2022 @ 4:20 P.	Stop eating for a certain period of time of treatment. (Before 3 hour of Procedure onwards no intake of food)	 DR. AKANKSHA

Pre procedure check list

Name of the patient: RAJIV SHARMA Age: 37 Sex: M/F
 UHID: Diagnosis: KATEEGRAHAM
 Planned procedure/intervention: PICHU, KALARI UZHICHIL, K.K. DRY KIZHI
 Site Confirmed : Yes/No/NA
 Informed consent : Yes/No/NA
 Site preparation : Yes/No/NA
 Required PPE : Yes/No/NA
 Required materials availability : Yes/No/NA
 Staff Sign & Full Name : DR. AKANKSHA & 
 Date & Time : 13/03/2022 @ 4:25 P.m.

DR. AKANKSHA SONI
 B.A. No. 5, REGD. NO. 6145
 VRINDAVAN AYURVEDA CHIKITSALAYAM

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Badli, Himachal Pradesh Ph : (01795 667166) +91 7901778899

Patient Name	RAJIV SHARMA
Treating Vaidya Name	DR. AKANKSHA
Unique Identification Number	125
OP/IP	J.P.
Admitted Location	R1 204
Date & Time	13/03/2022 & 4:26 P.m.

VAC/F-11/10-21

Procedure/Treatment Notes :

- 1) PICHU & G. T. + MURIVENA.
- 2) KALARI UZHICHIL & DH + SAHA + KARPPOORADI
- 3) KOLAKULTHADI DRY KIZHI

Post Procedure/Treatment Instructions :

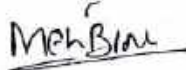
COMPLETE BED REST.

Staff Sign & Full Name:

Date & Time :

13/03/2022 & 4:24 P.m. &  DR. AKANKSHA

JIBIN 

MELVIN.


Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

Patient Name	RAJIV SHARMA.
Treating Vaidya Name	DR. AKANKSHA.
Unique Identification Number	725.
OP/IP	A.P.
Admitted Location	R1204.
Date & Time	14/03/2022 @ 4:30 A

VAC /F-13/10-21

Patients and / or family members education form

Patient treatment, his/her special clinical needs to be identified and education should be provided

Safe and effective Use of Medication

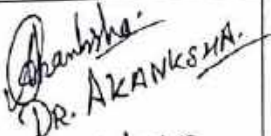
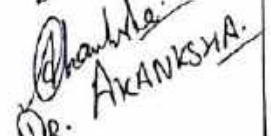
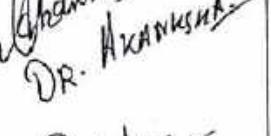
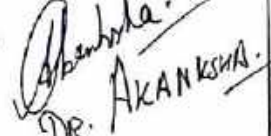
Potential side effects of medication

Food - medicine Interaction

Education on Pathyahara and Poshana

Disease process, Complications and Preventive strategies

Preventing infections

Date & Time	Details of Education Provided	Staff Sign & Full Name	Patient /Relative Sign and Name
14/03/2022 @ 6:34 Am	Avoid oily food.	 DR. AKANKSHA.	
15/03/2022 @ 7:00 Am	Avoid junk food	 DR. AKANKSHA.	
16/03/2022 @ 8:00 Am	Don't travel on vehicles immediately after treatment.	 DR. AKANKSHA.	
17/03/2022 @ 7:00 Am	Be on light diet during treatment.	 DR. AKANKSHA.	
18/03/2022 @ 7:00 Am	Take more water	 DR. AKANKSHA.	

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

Date & Time	Details of Education Provided	Staff sign Full Name	Patient / Relative Sign & Name
19/03/2022 7:20 Am	Avoid day time sleep.	Dr. Akanksha	
20/03/2022 7:30 Am	Avoid Smoking.	Dr. Akanksha	
21/03/2022 7:00 Am	Be on light diet during the time of treatment.	Dr. Akanksha	
22/03/2022 7:10 Am	Don't travel on vehicle immediately After Treatment.	Dr. Akanksha	
23/03/2022 7:15 Am		Dr. Akanksha	
24/03/2022 7:20 Am	Avoid oily food	Dr. Akanksha	
25/03/2022 7:10 Am	Take more drinking water.	Dr. Akanksha	
26/03/2022 7:00 Am	Avoid late night sleep.	Dr. Akanksha	
27/03/2022 7:10 Am	Be on light diet during the time of treatment.	Dr. Akanksha	
27/03/2022 3:55 P.m.	Avoid junk food.	Dr. Akanksha	

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, E.M.P., Badi, Chumchal Pradesh Ph : (01795 667166) +91 7901778899

DR. AKANKSHA SONKIA
B.A. 1A 3, REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM

Patient Name	RATIV SHARMA
Treating Vaidya Name	DR. AKANKSHA
Unique Identification Number	725
OP/IP	G.P.
Admitted Location	R1204
Date & Time	13/03/2022 P 4:35 P.m.

VAC/F-14/10-21

DISCHARGE SUMMARY (NORMAL/LAMA/DAMA)

Patient Name :	Age & Sex :	MRN :
RATIV SHARMA	37 PM	725
Doctor:	Admitted Area :	Date :
DR. AKANKSHA	WARD.	27/03/2022
Weight :	Allergies :	Diagnosis :
85Kg.	No.	KATTEGHRAHAM

Reason for Admission:

Lower back Pain radiate to both legs Rt + Lt ++ Since 2-3 Years.

Weight Lifting Since 2014.

Significant Findings:

Swelling on Lower back Lt-side.

Diagnosis:

KATEEGARAHAM.

Procedures Performed:

- 1) PICHU FOR 15 DAYS.
- 2) KALARI UZHICHIL FOR 14 DAYS.
- 3) DRY KIZHI FOR 14 DAYS.
- 4) PURGATION FOR 1 DAY.

Investigations:

M. R. I. OF LUMBAR SPINE.

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

Patient Name	RATIL / SHARMA.
Treating Vaidya Name	DR. AKANKSHA.
Unique Identification Number	725.
OP/IP	A.P.
Admitted Location	R1204.
Date & Time	27/03/2022 @ 3:50 P.m.

Medications Given During Course of Hospitalization

- 1) AADARISAHACHARADI KASHAYAM 15ML + 60ML WATER 6 AM & 6 P.m BEFORE FOOD TWICE DAILY
- 2) KSHEEERBALA (101) 15 DROPS mixed & KASHAYAM 6 AM & 6 P.m BEFORE FOOD TWICE DAILY
- 3) CAP. BALA THAILAM 2 CAP. 8 AM & 8 P.m. & NORMAL WATER AFTER FOOD TWICE DAILY
- 4) TAB. RHEUMA CALM 1 TAB. 8 AM & 8 P.m. & NORMAL WATER AFTER FOOD TWICE DAILY
- 5) GIULGIULU THIKTHKAM GHURUTHAM 2 TSP. MORNING ON EMPTY STOMACH & 2 TSP AFTER DINNER TWICE DAILY.

Condition at the Time of Discharge:

Patient is feeling perfectly fine and also experienced reduced Pain & Swelling.

Discharge Medications:

- 1) AADARISAHACHARADI KASHAYAM 15ML + 60ML WATER 6 AM & 6 PM BEFORE FOOD TWICE DAILY.
- 2) KSHEEERBALA (101) 15 DROPS MIXED & KASHAYAM 6 AM & 6 P.M. BEFORE FOOD TWICE DAILY.
- 3) CAP. BALA THAILAM 2 CAP 8 AM & 8 PM & NORMAL WATER AFTER FOOD TWICE DAILY.
- 4) - GIULGIULU THIKTHKAM GHURUTHAM 2 TSP. MORNING ON EMPTY STOMACH & 2 TSP. AFTER DINNER & TWICE DAILY.

Follow up Care:

- 1) Avoid heavy exercise.
- 2) Avoid oily & junk food.
- 3) Take more drinking water.

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, ETIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

Patient Name	RAJIV SHARMA.
Treating Vaidya Name	DR. AKANKSHA
Unique Identification Number	725.
OP/IP	A.P
Admitted Location	R1204.
Date & Time	27/03/2022 @ 4:00 P.m.

Consequences of (NORMAL/LAMA/DAMA)

1	
2	
3	NIL
4	
5	

Call 01795 66 71 66 in case of emergency. Get advice if any signs
Pain on both legs. or symptoms
lower back pain radiating to both legs. arises.

Issued By

Doctor Name & Signature:

DR. AKANKSHA & Akanksha.

Date & Time:

27/03/2022 @ 7:10 P.m.

Discharge Summary received by

Patient/Relative Name & Signature:

Vrindavan Ayurveda Chikitsalayam

Vrindavan Estate, Village Thana, EPIP-2, Baddi, Himachal Pradesh Ph : (01795 667166) +91 7901778899

TREATMENT PROGRAMME.

NAME : Mr Rajiv Sharma

Age 37 Yr

SEX : Male

Room No . 204

Treatment Suggested: for 15 days

Date:	Treatments:	Time:	Remarks:
14/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10 am	PROCEDURE DONE.
	JIRIN, MELVIN.		
15/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10 am	u
	JIRIN, MELVIN.		
16/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
	JIRIN, MELVIN.		
17/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
	JIRIN, MELVIN.		
18/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
	JIRIN, MELVIN.		
19/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
	JIRIN, MELVIN.		
20/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
	JIRIN, MELVIN.		
21/03	Purgation (Avipathy Choornam)	7 am	u
	JIRIN, MELVIN.		
22/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10 am	u
	JIRIN, MELVIN.		
23/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u

24/03	Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
25/03	JIBIN , MELVIN. Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
26/03	JIBIN , MELVIN Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
27/03	JIBIN , MELVIN. Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic)	10am	u
28/03	JIBIN , MELVIN. Pichu , K.K. Kizhi, Kalari Uzhichil, Traction(Pelvic) No.	10am-	u

Masseurs- Jibin, Melbin

External Medicines

Pichu for G.T + Murivena oil .

Dry Kizhi with K.K.Choornam .

For Kalari Uzhichil with Dha+Saha+Karp.Thailam.

For Head with Dhanwantharam Thailam.

Internal Medicines -

1. Aadari Sahacharadi kashayam 15 ml + 60 ml water 6 am & 6pm.
2. Ksheerbala (101) 15 drops with kashayam .
3. Cap. Bala Thailam 2 tab After food twice daily.
4. Tab. Rheuma Calm 1 tab After food twice daily.
5. Gulguluthikthkam Ghrutham 2 tsp morning on empty stomach & 2tsp After Dinner.

DR. AKANKSHA SONI
B.A.M.S., REGD. NO. 6145
VRINDAVAN AYURVEDA CHIKITSALAYAM
14/03/22 9:00 AM

Dr. Akanksha Soni B.A.M.S

VRINDAVAN AYURVEDA CHIKITSALAYAM

Shivalik Foothills, Village Thana, EPIP-2, Baddi, Himachal Pradesh - 173205

PATIENT FEEDBACK FORM							
We thank you for choosing our hospital for your treatment. We would like to know how much we have been able to satisfy you, so that we can improve our service further. Please fill the feedback form and hand it in confidence to our customer care executive.							
UHID :-	725	NAME :-	RAJIV Sharma	Age/Sex :-	37yr / M		
Date of Admission :-	13/03/2022						
Date of Discharge :-	27/03/2022	Address :-	MOGHIAAPUR (PB)				
Contact no :-							
Please rate following questions on a scale of 1 to 5 where, (Check the appropriate box) 5 - Highly Satisfied; 4 - Satisfied; 3 - Neither satisfied nor dissatisfied; 2 - Dissatisfied, 1 - Highly dissatisfied; NA - Not applicable							
No	Questions	1	2	3	4	5	NA
Your satisfaction with our CLINICAL TREATMENT							
1.	How satisfied are you with the outcome of your treatment					✓	
2.	How satisfied are you with the competence of your doctor?					✓	
3.	How satisfied are you with the competence of other treatment staff (Resident doctor, nurses, therapists etc.)					✓	
Your satisfaction with our BEHAVIOUR towards you							
4.	How satisfied are you with the behavior of doctors towards you?					✓	
5.	Behavior of front office staff and customer care executives?					✓	
6.	Behavior of other staff such as housekeeping and security?					✓	
Your satisfaction with our PROCESSES							
7.	How satisfied are you with convenience of our admission process?					✓	
8.	How satisfied are you with convenience of our discharge process?					✓	
9.	How satisfied are you with provision of information to you?				✓		
10.	How satisfied are you with our patient safety process?				✓		
Your satisfaction with our SERVICES & FACILITIES							
11.	How satisfied are you with the housekeeping and cleanliness?				✓		
12.	How satisfied are you with the maintenance of facilities?				✓		

रोगी प्रतिक्रिया प्रपत्र

आपके इलाज के लिए हमारे अस्पताल को चुनने के लिए हम आपको धन्यवाद देते हैं। हम जानना चाहेंगे कि हम आपको कितना संतुष्ट कर पाए हैं, ताकि हम अपनी सेवा में और सुधार कर सकें। कृपया फीडबैक फॉर्म भरें और इसे हमारे कस्टमर केयर एक्जीक्यूटिव को विश्वास में सौंप दें।

यूएचआईडी:- नाम:- उम्र/लिंग:-

प्रवेश की तिथि :-

छुट्टी की तारीख:- पता:-

संपर्क नंबर:-

कृपया निम्नलिखित प्रश्नों को 1 से 5 के पैमाने पर रेट करें, जहां (उपयुक्त बॉक्स को चेक करें)
 5 - अत्यधिक संतुष्ट; 4 - संतुष्ट; 3 - न संतुष्ट न असंतुष्ट; 2 - असंतुष्ट, 1 - अत्यधिक असंतुष्ट; एनए - लागू नहीं

NO	प्रश्न						NA
		1	2	3	4	5	
हमारे क्लिनिकल उपचार से आपकी संतुष्टि							
1.	आप अपने उपचार के परिणाम से कितने संतुष्ट हैं						
2.	आप अपने डॉक्टर की क्षमता से कितने संतुष्ट हैं?						
3.	आप अन्य उपचार कर्मचारियों की क्षमता से कितने संतुष्ट हैं (निवासी चिकित्सक, नर्स, चिकित्सक आदि)						
आपके प्रति हमारे व्यवहार से आपकी संतुष्टि							
4.	आप अपने प्रति डॉक्टरों के व्यवहार से कितने संतुष्ट हैं?						
5.	फ्रंट ऑफिस स्टाफ और कस्टमर केयर एक्जीक्यूटिव का व्यवहार?						
6.	हाउसकीपिंग और सुरक्षा जैसे अन्य कर्मचारियों का व्यवहार?						
हमारी प्रक्रियाओं से आपकी संतुष्टि							
7.	आप हमारी प्रवेश प्रक्रिया की सुविधा से कितने संतुष्ट हैं?						
8.	आप हमारी डिस्चार्ज प्रक्रिया की सुविधा से कितने संतुष्ट हैं?						
9.	आपको जानकारी के प्रावधान से आप कितने संतुष्ट हैं?						
10.	आप हमारी रोगी सुरक्षा प्रक्रिया से कितने संतुष्ट हैं?						
हमारी सेवाओं और सुविधाओं से आपकी संतुष्टि							
11.	आप गृह व्यवस्था और साफ-सफाई से कितने संतुष्ट हैं?						
12.	सुविधाओं के रखरखाव से आप कितने संतुष्ट हैं?						