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: Mona sharma (45 yrs/Female)
W/o, D/o, S/o:
Chief Complain
History - C/o - Multiple lesion over whole body since x 6 month
- Reddish in colour.
- Scaly - Appearance.
- Itching - present
- Discharge - Out off.

Menstrual History menopause 1 yr.
Diagnosis: Eczema.

अष्टविध परिक्षा
स्पर्श रुक्ष
शब्द (N)
Face (आकृति) (N)
Eye (दृष्टि) (N)
Jiwha (जिह्वा) (N)
Urine (मूत्र) (N)
Stool (मल) (N)
Nadi (वात, पित्त, कफ)

(Dash Vidha)

1. Prakrutii Vatej pittej
2. Vikruti Vatej Kaphaj
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)

Adv →
1) Deepan pachan x 3 days.
samanati - 1-1 tab morning evening ē warm water

2) snehpaan ē mahatikta. ghrit
Day 1 - 30 ml
Day 2 - 60 ml
3 - 90 ml.
4 - 120 ml.
5 - 150 ml
180 ml.
100 K of samyak snehan lakshan) ē mahanarayan.

monthly
3) → A
4) Virechan ē Trivrit Avleh (50gm)

RBS.: a.

NEXT CONSULATION DATE:

Desired outcome of procedure

1) Redness should reduced.
2) Itching reduced but mild relief.
3) scaly lesion - Reduced slightly.
4) Discharge - Absent
5) smell - Reduced.
6) Size of patches - reduced.

Medicine

1) charm rog hari ① - ① tab सुबह
खाना खाने पानी से लेना है.
2) Skin cure tab - ① - ① cap सुबह
खाना खाने पानी से
3) Rurederm - 4 - 2-2 चम्मच गुनगुने पानी
से मिलाकर

procedure Details

⇒ 1) Deepan pachan ē sama vati

Benifits - Vatanulomana., Aampachan, Deepan pachan.

2) Risk factors :. Aadhman, Atisaar.

3) managment :- Kutaj ghanvati, Avipattikar churna.

⇒ 1) Snehpaan

- Mahatiktaghrita (morning 9°o clock, Empty stomach) After that drink lenkwarm water until Shuddh udgar comes.

2) Risk - Shirashool, Angmard, Klama, Murcha, Trishna, Bhram, Chardi, Pitika, Atisar, Kandu

3) managment :- stop ghrit paan, warm water
- start shaman chikitsa.
- In case of moorcha, Paan & Trishna start using cold water.

⇒ Abhyanga ē mahanarayan oil + Baspa sved.

Benifits :- Vatahar, Kleh shamna, Deh mardavta.

Risk :. Rashes, Allergy, Burn

managment :. Tail Dhara. Aft [illegible] of shatdhot gh

⇒ Virechan ē Trivrath Avleh.

Risk :- 1) Adhman

managment :- Annasana, Nirukh Basti, [illegible]

② Pari'Karti'ka - pittha Basti

③ Parisrava - Kutaj ghan vati
Nagkeshar choorna.

④ Angrah - Abhyanga, swedana.
Virat har chikitsa.

⑤ Hri'dgrah - Deepan, pachan, vatanulomana.

⑥ Vibhransh - Jatyadi° oil, pichu in Anal prabh
sheet lep. Aromatic fragrance ē
sanghya Bhansh.

⑦ Chardi°:- Pravalan
Mayur pichha Bhasma.

⑧ stambhan :- Langhan, pachan, Tiksha Virech

DIET CHRT

use ~~after~~ completion of therapy

- Use laghu supachya ahar.

→ Breakfast – Daliya
Khichdi
Pona.

→ Lunch
soup, moong Daal
घिया, तोरई, परवल, दिंडे
Boiled सब्जियाँ
1-2 chapati

→ Dinner:
moong daal
Masoor daal
1-2 chapati
घिया, तोरई, परवल, दिंडे सब्जी

→ Avoid oily spicy, junk food.
→ Avoid processed, fried. sweets type of food.
→ stop using Tea coffee.
→ No Dairy product
→ chana, Urad, chola, Rajma., Arhar.
→ Lobhi, Baighan, Bhindi, Arbi, Kathal.

UHID.SSDM2236661 OPD.0805 Room No.01 Date.12/1/22

Virechana Karma (विरेचन कर्म)

Name: Meena Sharma Age: 45 Sex: female

Procedure: Deepan, pachan + Snehpan, virechan

Prakriti(प्रकृति) : pitta kaphaj Vyadhi (बिमारी): Kushtha Samsarjan Karma

Agni(अग्नि) : madhyam Avastha(स्थान): Jeerna Sama/Nirama (साम निराम) Niram

Koshtha(कोष्ठ): Madhu Dosha(दोष): pittaj

Akruti(आकृति) Madhyam Dushya(दुष्या): Twak, mamsa

Bala(बल): Madhyam Srotodushti (स्रोतों दुष्टि): Sangh

Anupana(अनुपान) : Ushna jal Panchana (Days/Durg)(पाचन) Chitrakadi vati x③ days (sama vati)

Poorvakarma Pachana Season -

Pulse(पल्स): 78/min

BR.(ब्लडप्रेशर) 116/82 mmHg

RR..(श्वासगति) 18/min

WT.(भार): 58 Kg.

Lab Investigation:(In case of Hyperlipidemia,CAD,NIDDM etc.)

Complete Lipid profile

FBS & PPBS Normal.

	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day
Dose of Sneha: (मात्र):	30ml	60ml	90ml	120ml	150ml	180ml	
Time of intake : (समय):	9:30Am	9:20Am	9:15AM	9:20Am	9:25Am	9:10AM	

Symptoms during the digestion of sneha:

Symptoms	1st Day		2nd Day		3rd Day		4th Day		5th Day		6th Day		7th Day	
	O	R	O	R	O	R	O	R	O	R	O	R	O	R
1.Headache (सिरदर्द):			✓ 4PM	7Pm										
2. Giddiness (चक्कर):					4pm	6pm								

3. Salivation (मुख मे पानी आना):														
4.Fainting (मिहोशी):														
5.Weakness (कमजोरी):														
6.Tiredness (थकावट):														
7.Thirstyess (प्यास):	11AM		11AM		10:30pm		11AM		10:30		11AM			
8.Burning sensation (जलन):														
9.Lassitude (आलस):														

(O-Onest time R-remission time)

Symptoms of digestion of sneha(note the time of appearance of each sympom):

Lakshana	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day
Lightnes (लघुता):	3pm	3:30pm	3pm	2pm	2:30pm	1:30pm	
Vata Anulomana (वात का अनुमोल):	3:30pm	4pm	3:30pm	2:30pm	3pm	2pm.	
Hunger (भुख):	4pm	3:30pm	3:30pm	2pm	2pm	2pm.	
Clear belching (उग्दार शुद्धि):	2:30pm	2pm	2pm	1:30pm	1pm	1pm	

Time taken for the digestion of sneha..... hours

Adequate s Symptoms of Oleation

No.	Symptoms	1 day	2 day	3 day	4 day	5 day	6 day	7 day
1.	Vata Anulomana (वात का अनुमोल):	✓	✓	✓	✓	✓	✓	
2.	Lightness of abdomen (पेट का हल्कापन):				✓	✓		
3.	Hunger (भुख):	✓	✓	✓	✓	✓	✓	
4.	Consistency of stool (मल की अवस्था) :	✓	✓					
5.	Oiliness of stool (मल मे स्नेहता):			✓	✓	✓	✓	

6.	Lightness of body (लघुता स्नेहता):				✓	✓	✓	
7.	Softness of body (शरीर का मुलायम होना):			✓	✓	✓	✓	
8.	Oiliness of skin by blotting paper (त्वचा की स्नेहता):				✓	✓	✓	
9.	Aversion to fat intake (तैलिय पर्दार्थो की इच्छा न होना)	✓	✓	✓	✓	✓	✓	

Oleation: adequate/Inadequate/excessive
Complication if any:

Diet:-

✓ **(1)Hot Diet, soups,khichdi,daliya,Prailed veg.-,rice,water,only,**
✓ **(2) Hot water intake for Whole day.**
✓ **(3)Avoid too hot & cold.**
✓ **Avoid direct expouse to cold weather.**
✓ **Avoid excessive excessive Talking,of walking.**
✓ **Avoid Conception during snenpana.**
✓ **Avoid Day sleep.**
✓ **Take night sleep properly.**
✓ **Relax your body & mind during ghritpan.**

Treatment given:
Pulse(पल्स): 86/min
BR.(ब्लडप्रेशेर) : 112/70 mmHg
RR..(श्वासगति): 17/min
WT.(भार): 56.0kg.
Lab Investigation:(In case of Hyperlipidemia,CAD,NIDDM etc.)
Complete Lipid profile
FBS & PPBS
Massage & sudation: On rest day Abhyanga ē mahanarayan oil
Pardhan karam(प्रधान कर्म):
Previous experience of Virechana Vamana Dravya:Formualtion Trivrit avleh (50gm)
Date (दिन) : 24/11/21
Time of administration (समय): 9:45 A.M.
Anupana (अनुपान): Draksha Kwath.
Atur Paricarya and Niriksha

Vage No.	Time (समय)	Stool (मल)	Bile (बाइल)	Mucus (बलगम)	Froth (झाग)	Colour (रंग)	Nature of bowel (आंत्र की प्रकृति)	Other Symptoms

1	10:35AM	Hard	+	+	−	Brown		
2	10:56AM	Hard	+	+	−	"		
3	11:15AM	Snigdha	+	+	−	Yellow		
4	11:25AM	Snigdha	−	+	−	"		
5	11:40AM	Snigdha	−	−	−	"		
6	11:52AM	Loose.	−	−	+	Light yellow		
7	12:10PM	Loose	−	−	+	"		
8	12:40PM	watery	−	−	+	Clear.		

Onset of vega	Time period between two vega	Antime vega kala [last bout time]
10:35 AM	20-40 min	12:4 PM.

Vagiki shuddhi (वाग्कि शुद्धि) Madhyam.

Antiki shudhhi(अंतिकी शुद्धि)-: Malanta / pittanata / Kaphanta / Vatanta

Laingiki shudhhi (लिंगिकी शुद्धि) Madhyam

Symptoms of proper purgation: Score

1. **Vit-Vitta- Vata Kramashan Nissarana (वित-वित्- वात कर्मशं निसारं)** pitta Kaphant
2. **Vatnulomana (वातनुलोमना)**
3. **Laghuta Nabhithane (लगुता नाभितां)**
4. **Indriya prasada (इन्द्रिया प्रसाद)**
5. **Manasa Tushti (मानसा तुष्टी)**
6. **Agni Vriddi (अग्नि वृदि)**
7. **Anamayatva (अनामयत्व)**

Other
patient feeling fresh & light

Vaman/ Virechana : Samyak/Ayoga/ Atiyoga
Type of Shuddhi : Best / Moderate/ Poor

Vyapad (if any): no Chikitsa : —

Pulse(पल्स): 05 / min

BR.(ब्लडप्रेशेर): 120/05/ mmHg.

RR..(श्वासगति) : 16 / min

WT (भार): 50.0 Kg.

Lab Investigation :(In case of Hyperlipidemia,CAD,NIDDM etc.).....

Complete Lipid profile — .....

FBS & PPBS X .....

Massage & Sudation: On rest day Done .....

Adequate symptoms of sudation present .....

Utkleshana Ahura & Quantity: Dahi Bhalla., Heavy food. .....

Vamana purva lakshana.....

Nidra (नीद):	Udarsthiti (डकार आना):	Bowel (पेट की सफाई):
Urine (मुत्र):	B.P (ब्लडप्रेशेर):	Pulse (पल्स):
Respiration: (श्वास):	Temp. (तापमान):	Weight (भार):
Snehana:स्नेहन	Svedita:(पजिवा आना)	Anya (अन्य):

Patient File No. Doctor Name : Branch

DATE	B.P	SUGAR	WEIGHT	REMARKS
17/01/22	120/80 mmHg	x.	50Kg	

Name Mrs Sharma C/o / D/o / F/o Shashidhar

Age 45 yrs Weight 50 Kg Height 5"4 DOB 10/8/1977. Sex: M ☐ F ☑

Occupation Housewife. Religion Hindu Blood Group _____ DOM _____

Address H/no-2 village-naveda, Block Mundka Delhi.

City Delhi State New Delhi Pin Code 110059

Telephone 9990188710 E-mail ID x.

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 पड़े थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था
- कितनी केमीकल वाली गोलियां अभी खा रहें हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जांचें 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?

no history

Date 17/01/22

Patient Signature

Tongue (जिह्वा)

Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date						
17/1/22						
Naadi (नाड़ी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑					
Pitta	↑↑					
Kapha						

धरण/कोड़ी: ☐ Yes ☐ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
Multiple lesion over	x 6 mon				
whole body					
Reddish in color					
scaly					
itching ++					
Discharge ↑↑					

FAMILY HISTORY :
Complaints -
x

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

Surgery/Procedure History x.

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोलियां चल रही है और कौन-कौन सी

GYNAE HISTORY

Menopause. ① yr back.

L.M.P _____ Days _____

FLOW ☐ Scanty ☐ Normal ☐ Excessive Other _____

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

WHITE DISCHARGE -

Odour - ☐ No smell ☐ Foul smell ☐ Fishy smell

Consistency - ☐ Curdy white ☐ Sticky ☐ Watery

Colour - ☐ Yellow ☐ White ☐ Grey ☐ Green

No white discharge.

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 : _____

Abortion History : _____

SYSTEMIC EXAMINATION

BOWELS 1-2 time.

Frequency / Vega ☐ /Day ☐ Day gap

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

Associated with
- ☐ Urgency
- ☐ Strain
- ☐ Pain
- ☐ Bleeding
- ☑ Burning Sensation ↑↓

Evacuation
- ☐ Complete
- ☑ Incomplete
- ☐ Incontine
- Colour _____
- Other _____

Taking Laxatives
- ☐ Yes ☑ NO
- ☐ Allopathic

PPETITE AND DIGESTION

Do you feel hungry	☐ Yes	☑ No	low appti.
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 Pan - to

ACIDITY / तेजाब

- ☐ Heart burn
- ☐ Reflux
- ☑ Sour belching
- ☐ Bile Brash/वमन जैसी

- ☑ After food
- ☐ Before food
- ☐ Always

Intensity

- ☑ Mild
- ☐ Moderate
- ☐ Severe

Any medicines for gas

- ☑ Yes
- ☐ No

EYES (N)

Pallor	☐ Mild	☐ Moderate	☐ Severe	Vision
Icterus	☐ Mild	☐ Moderate	☐ Severe	Others

URINE

Vega

- ☐ Day
- ☐ Night
- ☑ Normal

Associated with

- ☐ Urgency
- ☐ Strain
- ☐ Pain
- ☐ Frothy
- ☐ Bleeding
- ☐ Burning Sensation

- ☑ Satisfactory
- ☐ Unsatisfactory
- ☐ Incontinence

Colour (N)

Others

SLEEP

Duration

- ☐ Normal
- ☐ Sound
- ☐ Dreams

- ☑ Disturbed on & off.
- ☐ 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

ALLERGIES / REACTIONS

Food..... x ..... Medicine ..... ? ..... Other ..... x .....

INVESTIGATIONS PROVIDED ☐ Yes ☐ No .....

DIAGNOSIS..... Kushtha Rog .....

CHIKITSA SUTRA..... Deepan, pachan, Virechan, Snehan .....

SPECIFIC ADVICE..... x .....

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. Mam

Doctor Signature _____

ATE:-

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Sama Vati — (1).	

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
17/10/22.	Last Day - Bhaji Sabzi, dal Chawal, Tea, Paratha L- Roti Sabzi dal, chawal D- Roti dal Chawal
	Today- Tea, Paratha
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-

Nutritional Assessment Form

I. Identifying Information

Full Name: Mona Sharma Date: 12/1/22

UHID No: JJDa122661 Age: 45 yrs Sex: Female

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

Referring Clinician: Dr. Anuradha Khna'

Reason(s) for visit: Consultatia

II. Medical History (please give full details)

- Diabetes YES/NO HBA1c..... Medication
- HTN YES/NO Last recorded val... since.....medication
- CAD YES/NO STENT/BYPASS/I... E SINCE...MEDICATION
- THYROID YES/NO REPORTS..... NCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYC... ..MEDICATION
  menopause 01 yr back

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 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, Diarrhea, Headaches, Pain, bleeding etc)

Do you take any medications on a regular basis? Yes or No

If yes, what medication and what dosage _____

Please explain about

- Appetite (N).
- Food habits Heavy food, Junk food.
- Daily working hours 8.
- Exercise no
- Job profile Housewife.
- Height 5"4
- Weight 58 kg.

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_____

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_____

Doctor Signature

Patient Signature

Covid-19 Mandatory Self Declaration Form

Name : Mam Ghassan .... **Date :** 13/1/22

Address : H.No - 2 village ... Block ... , New Delhi-110...

...

Contact Number: 9990688710 ....**Age :** 45 ....**Gender :M/F** Female

Due to the ongoing and rapidly schanging situation with the novel-corona virus (COVID-19), we are requiring all visitors to the .... 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?

  —

- 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.

Signature

Man

FEEDBACK FORM (प्रतिक्रिया फॉर्म)

Name/नाम : Noor Shalimar Age(आयु) 45 Sex(लिंग) Female

OPD: 085 UHID No 33D0122061

Address /पता: H/no-2 village nawada Bhola mandir Gali, New Delhi -110059

Phone No./ फोन न.: 9990688710 Email / ईमेल : –

Name of Doctor /डॉक्टर का नाम: Dr Anuradha Kumari

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 ?	✓	
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 है ?		
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 है ?		
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 ?		
7.	Did you have confidence and trust in the staff ?	✓	
	क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट है ?		
8.	What one thing would you change about the department ?		✓
	इस विभाग में कोई एक भी ऐसी चीज जिस		

Your comments / आपके सुझाव

Date: 26/1/22

Signature (Patient/Guardian)

Signature (Clinic Authority)

CHARGES CONCERN FORM

Name (नाम): Mrs. Rashmi DOA (भर्ती की तारीख): 17/1/22

Age (उम्र) 45 yr Sex (लिंग) Female UHID : 22012206.1 OPD : OPD

W/O, S/O, D/O (पिता|पति) : Shaddharanand Day Panchkarma: 7 days

Consultant Name (चिकित्सक नाम) : Dr. Anuradha Kumari

Provisional Diagnosis(रोग निश्चय) Kushtha Rog

Final Diagnosis(रोग विनिश्चय) : Kushtha.

1. Procedure details (प्रक्रिया विवरण): Snehpaan, Virechan, Abhyanga + Swed.
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) 500/-
3. Nursing Charges (नर्सिंग शुल्क)
4. Package Charges Procedure wise
   - A: Snehpaan x 6 days = 500 x 6 = 3000/-
   - B: Virechan x 1 day = 1000/-
   - C: Abhyang + swed. 2 day = 1500 + 800 = 2300 X 3 = 6900
   - D: Samsargen Karm (consultation) - 1000/-
   - E:
5. Doctor Fees (चिकित्सक शुल्क) –
6. Medicine (approx) costing : –
7. Consumable (approx) charges : –
8. Accessory (approx) charges : –
9. Diet Charges (आहार शुल्क)

Total Estimated Package Rs. 12400/-

Patient Signature

Receptionist Signature

ADMISSION & DISCHARGED RECORD (Day Care)

ne Of Patient (रोगी का नाम) ......Meena Sharma......

me Of Father/Husband (पिता/पति का नाम) ......Shraddhanand......

te Of Admission (भर्ती की तिथि) ...17/1/22... Time of Admission (भर्ती का समय) ...9 Am... Age(उम्र) ...45... Sex(लिंग) ...female

sistant Doctor (सहायक उपचारक) ....

ctor In charge (संचालक उपचारक) ......Dr Anuradha Kumari......

te of Discharge (छुट्टी की तिथि) 24/1/22...... Time of Discharge (छुट्टी का समय) ......10 Am......

eration (If Any) ....

ocedure(प्रक्रिया)......Snehpaan, Virechan, Abhyanga + swed, Sansarjan Karm

agnosis (रोग निश्चय)......Kushtha Rog.

dress & Phone No. (पता एवं फोन नं.) H.No. 2 village ......

...... New Delhi - 110059 ...... (99906887..)

Result	Cured/Relived	Left Against Medical Advice	Investigation Only	Discharge Request	Expired
	✓				

ayment :- CASH ✓ TPA Name/No.______________ GOVT.Insurance.______________

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

n getting admitted on day care basis at at my own k and i am ready for the Ayurveda treatment. I am giving my consent after understanding benefit and out come of treatment. e information given by me are absolutely correct.

अपनी मर्जी से क्लिनिक मे दिवसीय चार 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 चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा\रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णत: सही है।

ted (दिनांक)...17/1/22...... Attendent (प्रत्यक्षी)......Self......

nature (हस्ताक्षर)......Meena...... Relationship with Patient (रोगी के साथ सम्बंध)......Self......

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 cha 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 and the management accepts no liability for the same. The Clinic accepts no responsibility for any loss or inconvenience 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 responsi 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 करूंगा /करूंगी |
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 जिम्मेदारी स्वीकार नही करता है
4. मरीजों को सलाह दी जाती है की वे उनके साथ कोई मूल्यवान या कोई आभूषण या कोई अन्य समान ना लाएं | अतः क्लिनिक किसी भी नुकसान या बकाया के लिए जिम्मेदार नहीं होगा |
5. रिसेप्शन पर लिखित में सुझाव/शिकायतें 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)..... 12/1/22 .....

Signature (हस्ताक्षर)..... Mam .....

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

Witness(प्रत्यक्षी)..... Self .....

UHID 3300122061...... OPD 2805............ Room No 21............ Date 17/1/22

GENERAL CONSENT

I Meena Shukla W/o, S/o, D/o Shukdhanand

R/O H.no-2 village Wazirabad Bhola mandir Gali New Delhi-110054

Date of Admission 17/1/22 Age 45 yrs Sex Female

Has been clearly explained about the Procedure Snehpaan, Virechan, Abhyang, swed, Samayan

By Dr Anuradha Kumari

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).................................उम्र ....लिंग ....

डॉ ....ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे मे 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 पढ चुका/चुकी हूं एवं मुझे बता दिया गया है और मैं अपनी स्वीकृति दे रहा/रही हूं।

Patient's Name (रोगी का नाम) Meena Shukla

Signature (हस्ताक्षर) Meena

Date (दिनांक) 17/1/22

Place (स्थान) Delhi

Witness (प्रत्यक्षी) Self

Doctor's Name (चिकित्सक नाम) Dr Anuradha Kumari

Signature (हस्ताक्षर).......

Date (दिनांक) 17/1/22

Prakurti Chart Form

UHID. JSD0122066 Room No. 01 Date 17/01/22

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.

PANCHKARMA CONSENT

UHID 33D01220661 .... OPD 0825 .... Room No 01 .... Date 17/1/22

Patient's Name (रोगी का नाम) .... [illegible]

Father's/ Husband's Name (पिता/पति का नाम) .... [illegible]

Date (दिनांक) .... 17/1/22 .... Age (उम्र) 45 yr .... Sex (लिंग) Female

Address & Phone no. (पता एवं फोन नं.) H/a-2 village [illegible] Mandir Gali New Delhi-110054

Treatment Benefits (उपचार के लाभ) .... Skin disease will reduce.

Risk (जोखिम) .... Hot oil may cause burn, Virechan can cause loose motion.

Alternative (विकल्प) .... Apply Jatyadi oil, Use Kutaj ghan vati

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

जैसे :-

घुटनों में सूजन	☐	झनझनाहट	☐
पैरों में दर्द	☐	अकड़न	☐
पेट में 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 .... के बारे में पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: ज़िम्मेदारी मेरी स्वयं की होगी |

- थैरेपिस्ट का नाम .... Preeti — थैरेपिस्ट हस्ताक्षर .... Preeti
- डाक्टर का नाम Dr. [illegible] Kumari — रोगी के हस्ताक्षर .... [signature]
- प्रत्याक्षी .... Self — दिनांक 17/1/22

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 Virechan, Snehan, Abhyang + swedan
- Therapist's Name: .... Preeti — Therapist's Signature .... Preeti
- Doctor's Name Dr. [illegible] Kumari — Patient's Signature .... [signature]
- Witness .... Self — Date 17/1/22

UHID 2022122661 OPD 2X65 Room No 21 Date 12/1/22

PROCEDURE CARE PLAN

Patient's Name(रोगी का नाम) Mamta Sharma

Father's/Husband's Name (पिता/पति का नाम) Shabdhanand

Date (दिनांक) 12/1/22 Age (उम्र) 45 yrs Sex (लिंग) Female

Procedure Perform (प्रक्रिया) Virechan, Snehpaan, Abhyang + swed.

Provisional Diagnosis (रोग निश्चय) Kushtha

Final Diagnosis (रोग विनिश्चय) Kushtha.

Doctor Name (चिकित्सक नाम) Dr. Anuradha Kumari

Therapist Name(सहायक नाम)

Details of Therapy :

1) Snehpaan c̄ mahatikta ghrit — Day (1) 30 ml, (2) 60 ml, (3) 90 ml, (4) 120 ml, (5) 150 ml, (6) 180 ml. — 6 days

2) Virechan c̄ trivrit vleh (50gm)

3). Sansarjan karm @ Home.

4) Abhyanga + swed c̄ mahanarayan oil for (3) day in rest days. — (3) days.

Doctor's Name (चिकित्सक नाम) Dr. Anuradha Kumari

Date (दिनांक) 12/1/22

Signature (हस्ताक्षर) Anuradha 12/1/22

UHID SSDO1220661 OPD OPD Room No. 01 Date 26/1/22

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Mrs. Shalini Age (उम्र) 45 yrs Sex (लिंग) Female

W/o, S/o, D/o(पिता|पति) S Lachhi Ram

Address (पता) H/no-2 village Ismaila Bhalaswa Mandir Road New Delhi-110042

Treatment Start Date (उपचार प्रारंभ दिनांक) 17/1/22 End Date of Treatment (उपचार की अंतिम तिथि) 24/1/22

Treatment Start Time (उपचार प्रारंभ समय) 9 Am Treatment End Time (उपचार समाप्ति समय) 10 Am

Chief Consultant (मुख्य चिकित्सक) Dr Ambadas Kumar

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त) multiple red, scaly patch on skin itching (+)

Past Medical History (पुराना चिकित्सा वृतान्त) X

Family History (कुटुंब वृतान्त) X.

Pain Scale – X

VitaParameters

B.P 120/80 mmHg

P/R 78/ min

SUGAR X.

WEIGHT 56.0 kg.

HEIGHT 5'11.

MENSTRUAL HISTORY

Menopause (1) yr back.

Astha Sthana Pariksha

1. NADI Vaat, Pitta
2. MALA (N)
3. MUTRA (N)
4. JIWHA (N)
5. SHABDA (N)
6. SPARSHA (N)
7. AKRUTI (N)
8. DRIKA (N)

Dash vidha Pariksha

1) Prakruti Vaat pitta
2) Vikruti Vaat Kapha
3) Sara (m)
4) Samhana (m)
5) Pramana (m)
6) Satmya (m)
7) Satva (m)
8) Agni (m)
9) Vaya (m)
10) Vyayam Shakti (m)

NVESTIGATION EXAMINATION (जाँच)

x.

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

Δ Kushtha roge
- Snehpaan c̄ mahatikta ghrit × ⑥ days
- Virechan c̄ Trivrit avleh - ① day
→ Abhyang at swed c̄ mahanarayan oil × ③ day
→ Sansarjan Karma at home

T ADVISE ON DISCHARGE (आहार निर्देश)

As per Diet chart

llow up (दोबारा कब आना है) 15 days.

NDITION AT THE TIME OF DISCHARGE

me ☑ Dead ☐ Referred ☐ Lama ☐

WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)

No. 8368016387 / 8860421234

If skin problem ↑.

Medicine After Diseases (औषधि छुट्टी के बाद)

→ charm rog hari - ① - ① tab सुबह शाम
→ skin cure tab ① - ① tab सुबह शाम } गुनगुने पानी से
→ Euroderm - 4. - २-२ चम्मच ½ ग्लास आधे पानी में मिलाकर

Dr. Name Dr. Anurag

Sign.......

Date 26/01/22.

VITAL CHART

Patient Name : Mrs. Shalini ..... Gender : Female DoA : 1/2/22 ..... UHID No. : [illegible]

DATE	TIME	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SI
1	9:15AM	58 Kg.	98.4°F	120/70 mmHg	76	17	-	
2	9:10 AM	58 Kg	98.5°F	110/80	74	17	-	
3	9:15AM	58 Kg	98.1°F	117/90	75	17	-	
4	9:10AM	57.9 Kg	97.9°F	118/80	72	18	-	
5	9:15AM	58 Kg	97.7°F	125/70	80	18	-	
6	9:20AM	58 Kg	98°F	120/80	81	17	-	
7	9:05AM	57.9 Kg	98°F	125/70	78	18	-	
8	9:15AM	57.1 Kg.	97.8°F	124/80	79	17		
9	9:10AM	57.2 Kg.	97.5°F	120/70	89	17		
10	9:15AM.	57.1 Kg	98.1°F	118/70	90	16		

DAILY MEDICATION SCHEDULE

UHID: JSD0220661 OPD OBS Date: 17/1/22

Patient Name: Mrs. S[illegible] DOA: 17/1/22

Allergies:

Consultant: Dr Ambadas Kinake

NAME OF DRUG	DOSE	DATE	TIME			NAME OF DRUG	DOSE	DATE	TIME	
		17/1/22	M	A	E			25/1/22	M	A
1) Charm rog	1BD					charm rog	1BD			
skin cur.	1BD					skin cur	1BD			
Purodem.	2TSP BD					purodem h.	2TSP BD.			
								26/1/22		
2) charm rog	1BD	18/1/22				charm rog.				
skin cur	"					skin cur.	"			
Purodem h.	2TSP BD					purodem h				
3) charm rog	"	19/1/22								
skin cur.	"									
Purodem h.	"									
4) charm rog	"	20/1/22								
skin cur.										
Purodem h.										
5) charm rog. skin cur		21/1/22								
Purodem	"									
6) charm rog		22/1/22								
skin cur	"									
purodem										
7) charm rog	"	23/1/22								
skin cur										
purodem										

8) charm rog 24/1/22.
skin cur "
purodem

DAILY FEEDBACK FORM

Name: Manu Sharma Age: 45 yr Gender: Female Date: 17/1/22

PRESENTING COMPLAIN (चिकित्सा शुरुआत की तकलीफ)

-
-
-
-
-

S.NO	DATE	TIME	TREATMENT	COMPLAIN	RECTIFICATION	Improve	Not Improve	Pt.SIGN
1	17/1/22	10 AM	Snehpan	no	–	✓	–	Manu
2	18/1/22	10 AM	"	no	–	✓	–	Manu
3	19/1/22	10 AM	"	no	–	✓	–	Manu
4	20/1/22	10 AM	"	no	–	✓	–	Manu
5	21/1/22	10 AM	"	no	–	✓	–	Manu
6	22/1/22	10 AM	"	no	–	✓		Manu
7	23/1/22	10:30 AM	Abhyang + Swed	no	–	✓	–	Manu
8	24/1/22	10:30 AM	"	no	–	✓	–	Manu
9	25/1/22	10:30 AM	"	no	–	✓	–	Manu
10	26/1/22	10 AM	Virechan	no	–	✓	–	Manu

UHID: JSD0122066 OPD: OPD5 Room No. 01

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 17/01/22.

TIME: 9:15 Am

B.P.: 120/78 mmHg

P/R: 78/min

Temp.: 98.4 °F

Pain:

C/O - Multiple reddish patchy. Oozing whole body
size 2cm x 3cm to 4cm
itching +++
scaly lesion.
no Discharge.

Deepan pachan done & samanvati snehpan from today
1. 30ml
2. 60ml
3. 90 ml
4. 120ml
5. 150 ml
6. 180ml.
7. stop if samyank lakshana of snih appears.

DATE:

TIME:

B.P.:

P/R:

Temp.:

Pain:

1) chavan rog hati
2) Spirulina tab
3) Purochana - 4 -

1-1 tab morning & evening with lukewarm water

2-2 चमचा गुनगुने पाणी से लेना

UHID: ISD0112066 OPD: OPD-5 Room No. 01

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 18/1/22

TIME: 9:10 Am

B.P.: 118/86 mmHg

P/R: 72/min

Temp.: 98.5°F

Pain:

c/o – uc fair
- vital stab
no fresh complain
Appetite - (N)
sleep Disturbance mild.

Adv - C·ST. (ghrit 60ml)

After - patient ok
no complain

Adv - CST (ghri 90ml)
Diet follow

DATE: 19/1/22.

TIME: 9:15 Am

B.P.: 117/90 mmHg

P/R: 75/min

Temp.: 98.1°F

Pain:

c/o uc Fair
vitals stable
no fresh complain

Adv - C·ST. (ghri 90ml)

After - patient fine
vitals ok

Adv - C·ST. (ghrit 120ml)
Diet follow

UHID: 2212220661 OPD: 205 Room No. 9

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 20/1/22.
TIME: 9:16 Am
B.P.: 118/80 mmHg
P/R: 72/min
Temp.: 97.9°F
Pain:

C/o - G C fair
vitals stab
no fresh complai
Sleep - (N).
Bowel - (N).

Adv - C.ST. (ghrit 120 ml)

After - No complaint
vitals stab

Adv - C.ST.
Diet follow

DATE: 21/1/22
TIME: 9:15 Am
B.P.: 125/70 mmHg
P/R: 80/min
Temp.: 97.9°F
Pain:

C/o
G C fair.
vitals stab
no fresh complain
Mild headac

Adv - C.ST. (ghrit (150 ml)

After - no complaint
patient fine.

Adv - C.S.T.
Diet follow.

UHID: [illegible] OPD: [illegible] Room No. 21

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 22/1/22.

TIME: 9:20 Am

B.P.: 120/80 mmHg

P/R: 81/min

Temp.: 98 °F

Pain:

C/O - GC Fair.
vitals stable.
no fresh complain
Headach OK.

Adv - C.ST. (ghrit 180ml)

After. patient fine no complain

Adv - ~~A.S.T~~. Diet follow.

DATE: 23/1/22

TIME: 9:05 Am

B.P.: 125/70 mmHg

P/R: 78/min

Temp.: 98°F

Pain:

C/O - GC Fair.
no complain
Headach OK.

Adv - Abhyanga ē mahanarayan oil +
Bashpa sweda.

After - Patient feeling light.
no complain

Adv - C.S.T.
Diet follow

UHID: BSDA12.22.661 OPD: OPD Room No. 21

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 24/1/22

TIME: 9:15 Am

B.P.: 134/80 mmHg

P/R: 79/min

Temp.: 97.8°F

Pain:

C/O - vitals stable.
GC fair
no fresh complen.

Adv - C.S.T.

After - Patient fine.
no complaint
vitals stable.

Adv - C.S.T.
Diet follow

DATE: 25/1/22

TIME: 9:10 Am

B.P.: 120/70 mmHg

P/R: 89/min

Temp.: 97.5°F

Pain:

C/O - vitals stable.
GC fair.
no fresh complen

Adv - C.S.T.

After - patient fine
no complen

Adv - Diet follow

UHID: JSSD012206661 OPD: OPD Room No. 21

PH No. 8368016387 / 8860421234

PROGRESS NOTES

DATE: 26/1/22

TIME: 9:15 Am

B.P.: 112/78 mm/Hg

P/R: 96/min

Temp. 98.1°F

Pain:

c/o - vitals stab.
hc fair
no fresh complai

Adv - Trivrl avleh (5 days)
c Maha draksha

Advice Total rege - 8
virechan stopped
satisfactory

follow sansarjan kram

DATE:

TIME:

B.P.:

P/R:

Temp.:

Pain:

evening पेया (1:14) चावल व पानी
morning पेया "
Evening विलेपी (1:6, चावल, पानी)
morning विलेपी "
Evening अकृत यूष
morning कृत यूष (soup c Jeera + Heeng)

Evening अकृत कुशरा
morning कृत कुशरा (Jeera heeng)

Rel Diet