- UHID - JS211127
- Date - 23/11/24
- Time - 11:30 am.

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: — Jaspreet Singh 37/M
W/o, D/o, S/o: — Gurunam Singh
Chief Complain
History
— Nasal Allergy
Menstrual History
— Bulgum
Diagnosis:
— Sneezing
— Headache
— Gas Acidity
— constipation

अष्टविध परिक्षा
स्पर्श N
शब्द N
Face (आकृति) N
Eye (दृष्टि) N
Jiwha (जिह्वा) Khoated
Urine (मूत्र) N
Stool (मल) Hard
Nadi (वात, पित, कफ) PK

D Praatishyay

(Dash Vidha)
1. Prakrutii VK
2. Vikruti PK
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 Avar

PSV Narayam by shadh bindu with 45 min. oil (3-4 drops) for 3 days

Rx - Swas Kas Cap - 1BD
- Alokik tab - 1BD } for 3 days
After meal with water

Vitals:

B.P.: 129/85

Weight.: 56

Height: 5'3"

RBS.:

....

Patcint Care plan

① Alternetive - ① Nasayam starting time your fellings some time Headach, Virtigo Sneezing & lacrimation

② medicine start time some time Safocation & Nasal Blockage

Suddenly stope the therapese & stope the medicine And contact with me there Stage of treat ment according to complication

② Benifits ⇒ ① work of Nasayam & my medicine like Broncho dialater & cough killer, No Any type side effect of Nasyam & Ayurvedic medicine

③ Risk ⇒ Some time increase of sneezing & coughing with Bradicardia

④ outcome ⇒ patcint felling of good & Very Happy.

Nutritional Assessment Form

I. Identifying Information

Full Name: Jspreet singh Date : 23/11/21

UHID No : J521127 Age: 37 Sex : male

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

Referring Clinician: _____

Reason(s) for visit: allergic rhinitis

II. Medical History (please give full details)

- Diabetes YES/NO HBA1c.....since.....Medication
- HTN YES/NO Last recorded value .....since.....medication
- CAD YES/NO STENT/BYPASS/MEDICINE SINCE...MEDICATION
- THYROID YES/NO REPORTS.....SINCE.....MEDICATION
- MENTRUAL HISTORY MENSTRUALCYCLE.....No.....MEDICATION

Are you allergic to any food or drink? Yes or No

If yes, please specify: - No

Do you get a rash or edema from your allergy? Yes or No

Do you take any vitamins, minerals and/or food supplements? Yes or No

If yes, which ones yes

Have you had any major injuries, hospitalizations, or operations? Yes or No

If yes, what no

Do you have any chronic illnesses? Yes or No

If yes, please explain no

(Examples: Shortness of breath, Heartburn, Constipation, Excessive thirst, Headaches, Pain,bleeding etc)

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

If yes, what medication and what dosage yes

se explain about

- Appetite : - ok
- Food habits : - ok
- Daily working hours: 7-8 hr.
- Exercise : - ½ - 1 hours
- Job profile : - Sheating
- Height : - 5.3"
- Weight : - 56 kg

Have you ever been diagnosed or do you suffer from anxiety? Yes or No

If yes, please explain n/o

Have you ever been diagnosed or do you suffer from depression? Yes or No

If yes, please explain x/o

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 n/o

Doctor Signature	Patient Signature
Dhanraj	[signature]

COVID-19 MANDATORY SELF DECLARATION FORm

Name : Jaspreet Singh **Date** 23/11/21

Address : Sanjay colony Faridabad

Age : 34 **Contact Number :** 7696462216 **Gender :M/F** M

Due to the ongoing and rapidly changing situation with the novel-corona virus (COVID-19),we are requiring all visitors to the Clinic to fill-out the self-declaration form below.

Do you have any of the following flu-like symptoms ?

Fever	Yes	No ✓
Dry Cough	Yes	No ✓
Sore Throat	Yes	No ✓
Diarrhea	Yes	No ✓
Breathlessnesss	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 zone.

I hereby assure that whatever information I have provided is correct and true to the best of my knowledge.

If I am an asympton vid-19,I know it may endanger doctors and clinic staff. It is my respor follow the protocols prescribed by them.

I also know that I m octor and I will take every precaution to prevent this from happenin aff accountable if such infection occurs to me or my accompanying p

Signature

जसप्रीत

Patient File No. Doctor Name : R.V Sharma Branch : Faridabad

DATE	B.P	SUGAR	WEIGHT	REMARKS
22/11/21	129/85/75	NO	76.30kg	Allergic Rhinitis

Name Jaspreet Singh C/o / D/o / F/o Gurmeam Singh

Age 37 Weight 76.30kg Height 5'9" DOB 01/8/1983 Sex: M ☑ F ☐

Occupation Labour Religion Hindu Blood Group _____ DOM _____

Address Sanjay colony Near mullick Hotel

City Fbd State Haryana Pin Code _____

Telephone 7696462916 E-mail ID _____

CONFIDENTIAL INFORMATION

MARITAL STATUS ☑ Married ☐ Single ☐ Divorced

DIET ☐ Veg ☐ Non-Veg ☑ Mixed

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

PATIENT'S FULL HISTORY

- पहले कब कब बीमार पड़ें थे? क्या बीमारी कौन से साल में हुई थी और उस समय क्या उपचार किया गया? कौन से हॉस्पिटल से उपचार हुआ था
- कितनी कैमीकल वाली गोलियां अभी खा रहें हो? गोलियों के नाम और कितने साल से?
- आजतक कौन-कौन सी जाचें 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?

P Bp/Sug/Thy → wo
Lo → pm E/ED
- Allergic Rhinitis
- Hyper Acidity/gastritis
- motion → 2/day clr
- Urine → ok
- Sleep → ok
- Intermittent
- Appetite → ok
- Sometime Backpain
- Sometime Abdominal/Backpain/
Lethargy of voluntary

Date 22/11/22

Patient Signature अमनप्रीत

...ague (जिह्वा)

Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date						
	22/11/22 Redness Cracks					
Naadi (नाड़ी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata						
Pitta						
Kapha						

धरण/कौड़ीः ☐ Yes ☐ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
- PMS/ED	5y				
- Acidity	11				
- Underweight/Malnourished	11				
- Allergic Rhinitis	4				

FAMILY HISTORY :
Complaints -

Father	Mother	Sister	Brother	Grand	Father Side	Mother Side
—			—			

Surgery/Procedure History —

HISTORY OF PAST ILLNESS :

Disease	Duration	Test	Treatment / Pathy / Indication कितनी गोलियां चल रही है और कौन-कौन सी
PME/ED	5yr	———	Allopath
Allergic Rhinitis	10yr.	———	Allopath

GYNAE HISTORY

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

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

Frequency / Vega ☐ /Day ☐ **Day gap**

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

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

Evacuation
- ☐ Complete
- ☐ Incomplete
- ☐ Incontinence

Colour _____
Other _____

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

ITE AND DIGESTION

ou feel hungry ☑ Yes ☐ No _____

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

Do you feel drowsiness after meal ☑ Yes ☐ No _____

GAS / गैस

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

Intensity
- ☐ Mild
- ☑ Moderate
- ☐ Severe

Any med. for gas
- ☐ Yes
- ☑ No

Other _____

ACIDITY / तेजाब

- ☐ Heart burn
- ☐ Reflux
- ☐ Sour belching
- ☐ Bile Brash/खट्टा पानी

- ☐ After food
- ☐ Before food
- ☑ Always

Intensity
- ☑ Mild
- ☐ Moderate
- ☐ Severe

Any medicines for gas
- ☐ Yes
- ☐ No

EYES

Pallor ☐ Mild ☐ Moderate ☐ Severe

Icterus ☐ Mild ☐ Moderate ☐ Severe

Vision Normal

Others _____

URINE

Vega
- ☑ Day
- ☑ Night
- ☐ Normal

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

- ☐ Satisfactory
- ☐ Unsatisfactory
- ☐ Incontinence

Colour Normal

Others _____

SLEEP

Duration
- ☐ Normal
- ☐ Sound
- ☐ Dreams
- ☐ Disturbed
- ☐ Late onset
- ☐ Disturbed in Middle

Intensity of Disturbance
- ☐ Mild
- ☐ Moderate
- ☐ Severe

- ☐ Yes
- ☐ No

Others Normal

MIND

- ☐ Depression
- ☐ Anxiety
- ☐ Short Tempered
- ☐ Mood Swings
- ☐ Negative Thoughts
- ☐ Restless
- ☑ Stress
- ☐ Avara Sattva
- ☐ Pravar Satty
- ☑ Madhyam Sattva

ALLERGIES / REACTIONS

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

INVESTIGATIONS PROVIDED ☐ Yes ☐ No .....

DIAGNOSIS.....

CHIKITSA SUTRA.....

SPECIFIC ADVICE.....

HEMATOLOGY

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

RADIOLOGY

Pt. Signature. _____ **Doctor**

12/11/2022

ıran / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Rx- Amrit power cap - 1BD. with luk water after meal - Kamadhug oil - local use at night	

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
21/11/2021	Last Day - Breakfast → Sarso ka sag with makke ki lunch → Roti + Aloo, Soyabean ki sabji (9:30) around Dinner → chabati + mix daal
22/11/2021	Today- Breakfast → Tea and daal + chapati - 2 around (9:30am)
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-

UHID. JS211127 OPD 202137 Room No. 01 Date 23/11/21

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Jaspreet Singh

Name Of Father/Husband(पिता/पति का नाम) Gurmeet Singh

Date Of Treatment(उपचार की तिथि) 23/11/21 Time of Treatment(उपचार का समय) 10am Age(उम्र) 37 Sex(लिंग)

Assistant Doctor (सहायक उपचारक) Self

Doctor Incharge(संचालक उपचारक) Dr. Raghvendra

Treatment end Date(उपचार समाप्ति तिथि) 25/11/21 Time End Of Treatment (उपचार का समय समाप्त) 11:30am

Operation (If Any) NO

Procedure(प्रक्रिया) Nasyam

Diagnosis(रोग निश्चय) Pratishyay

Address & Phone No.(पता एवं फोन नं.) Sanjay colony Faridabad 7696462216

Result	Cured/Relived	Investigation Only	Expired
	✓		

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

UNDER TAKING FOR TREATMENT INVESTIGATION & FINANCE ETC.

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

मैं अपनी मर्जी से मे दिवसीय उपचार के लिए भर्ती हो रहा/रही हूँ । मैं तैयार हूँ मेरे साथ होने वाली आयुर्वेदिक चिकित्सा पद्धति के लिए ,और मैं सब कुछ सोच कर एवं चिकित्सा से होने वाले फायदा और परिणाम को समझ कर करवा रहा/रही हूँ एवं मैंने जो विवरण दिया है वह पूर्णत: सही है ।

Dated (दिनांक) 23/11/21 Attendent (प्रत्यक्षी) Jaspreet Singh

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

Conditions

ave opted on my own for admission into this clinic and will pay the bills as clinic rules and regulations.

The management reserves the right to admit or discharge the case amendment /modify rules,regulation and the charges without notice or assigning any reason there of .

3. The facilities provided in the room are maintained in working order but any failure in their functioning does not affect the charge and the management accepts no liability for the same. The Clinic accepts no responsibility for any loss or inconvenience caused by strike, lock out, water, telephone,electricity and air-conditioning failure etc.
4. Patients are advise not be bring any valuable or any jewellery or any other luggage with them. The Clinic will not be responsible for any loss or theft .
5. Suggestions/complaints may be given in writing at the reception.
6. All bills to be paid in cash, govt. insurance/TPA / private insurance/ cheque's are not accepted.

नियम व शर्तें

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

Dated (दिनांक).....23/11/2021.....

Signature (हस्ताक्षर).....जसप्रीत.....

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

Witness(प्रत्यक्षी).....Jaspreet singh.....

Panchkarma Consent

UHID. JS211127 OPD. 2021937 Room No. 01 Date. 23/11/21

Patient's Name (रोगी का नाम) Jaspreet Singh

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

Date (दिनांक) 23/11/21 Age (उम्र) 31 Sex (लिंग) m

Address & Phone no. (पता एवं फोन नं.) Sanjay colony fbd (07696467216)

Treatment Benefits (उपचार के लाभ) Relief of Nasal Allergic

Risk (जोखिम) Headach / Virtigo

Alternative (विकल्प) Hoped Medicines

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

जैसे :-

घुटनों में सूजन	X	झनझनाहट	X
पैरों में दर्द	X	अकड़न	X
पेट मे भारीपन	X	सुन्नपन	X
कमर में दर्द	X	उल्टी	/
दर्द में वृद्धि	/	दस्त	/
बुखार आना	X	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 मे पूर्णत: ज्ञात होने के पश्चात इन्हें कराने के लिए तैयार हूँ | इसकी पूर्णत: ज़िम्मेदारी मेरी स्वयं की होगी |

- थैरेपिस्ट का नाम Hanmohan singh थैरेपिस्ट हस्ताक्षर मनमोहन
- डाक्टर का नाम. Dr. Raghvendra रोगी के हस्ताक्षर .....
- प्रत्याक्षी. Jaspreet Singh दिनांक. 23/11/21

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

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

- After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform Nasyam
- Therapist's Name: Manmohan singh Therapist's Signature मनमोहन
- Doctor's Name Dr. Raghvendra Patient's Signature.....
- Witness Jaspreet Singh Date 23/11/21

UHID JS211127 OPD 2021937 Room No. 01 Date 23/11/21

PROCEDURE

I Jaspreet singh W/o, S/o, D/o Gurmeet Singh

R/O Sanjay colony Fbd (7696467216)

Date of Admission 23/11/21 Age 37 Sex m

Has been clearly explained about the Procedure Nasyam

By Dr. Raghvendra

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

मैं ..... पिता/पति का नाम ..... पता .....

..... (दिनांक) ..... उम ..... लिंग .....

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

Patient's Name (रोगी का नाम) Jaspreet Singh

Signature (हस्ताक्षर) जसप्रीत जसप्रीत

Date (दिनांक) 23/11/21

Place (स्थान) Faridabad

Witness (प्रत्यक्षी) Self

Doctor's Name (चिकित्सक नाम) Dr. Raghvendra

Signature (हस्ताक्षर)..... .....

Date (दिनांक) 23/11/21

UHID. 2521127 OPD 2021937 Room No. 01 Date 23/11/21

PROCEDURE

Patient's Name(रोगी का नाम) Jaspreet singh

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

Date (दिनांक) 23/11/21 Age (उम्र) 27 Sex (लिंग) M

Procedure Perform (प्रक्रिया) Nasyam

Provisional Diagnosis (रोग निश्चय) Pratishyay

Final Diagnosis (रोग विनिश्चय) Pratishyay

Doctor Name (चिकित्सक नाम) Dr. Raghvendra

Therapist Name(सहायक नाम) Manmohan Singh

Details of Therapy :

Adv

Nasayam by Shadbindutail ~~(Ford)~~
3-4 drop each Nose. for 4 dys
Every day 45 min.

Doctor's Name (चिकित्सक नाम) Dr. Raghvendra

Date (दिनांक) 23/11/21

Signature (हस्ताक्षर)

UHID JS.21127 OPD 202937 Room No. 01 Date 25/11/21

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Jaspreet singh Age (उम्र) 34 Sex (लिंग) m

W/o, S/o, D/o(पिता|पति) Gurmuram singh

Address (पता) Sanjay colony Faridabad

Treatment Start Date (उपचार प्रारंभ दिनांक) 23/11/21 End Date of Treatment (उपचार की अंतिम तिथि) 25/11/21

Treatment Start Time (उपचार प्रारंभ समय) 10 am Treatment End Time (उपचार समाप्ति समय) 11:30 am

Chief Consultant (मुख्य चिकित्सक) Dr. Raghvendra

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त) - Headache, Bradicardia, Sajocation, Bulgum

Past Medical History (पुराना चिकित्सा वृतान्त) - NO

Family History (कुटुंब वृतान्त) - NO

Pain Scale - 8/10

VitaParameters

B.P 129/85
P/R 75
SUGAR —
WEIGHT - 76kg
HEIGHT 5'4

MENSTRUAL HISTORY

Astha Sthana Pariksha

1. NADI - VK
2. MALA - Hard
3. MUTRA - n
4. JIWHA - chalked
5. SHABDA - n
6. SPARSHA - n
7. AKRUTI - n
8. DRIKA - n

Dash vidha Pariksha

1) Prakruti VK
2) Vikruti PK
3) Sara - m
4) Samhana - m
5) Pramana - m
6) Satmya - m
7) Satva - m
8) Agni - m
9) Vaya - m
10) Vyayam Shakti - low

.TION EXAMINATION (जाँच)

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

△ pratiShyay & Nav Nasyam by Shadbindu taal (4 dys) for 4 dys

DIET ADVISE ON DISCHARGE (आहार निर्देष) As per deit chart

Follow up (दोबारा कब आना है) After 7 days

CONDITION AT THE TIME OF DISCHARGE

Home ☑ Dead ☐ Referred ☐ Lama ☐

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)
PH No. +91 1294322344

A) Dr. Raghvendra Sharma
B) - therapy Manmohan
C)

for any type of complication like - Headach
- nasal Allergies
- Bradicardia

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Rx - Swaja Kalp cap - BD
- Nilokik Shuddhi tab IBD

after meal with water for 4 dys

Dr. Name: Dr. Raghvendra

Sign..... .....

Date: 03/11/21

Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Jaspreet Singh Age(आयु) 37 Sex(लिंग) M

OPD: JS21127 UHID No. 202137

Address /पता: Sanjay colony Fbd

Phone No./ फोन न.: 7696467216 Email / ईमेल :

Name of Doctor /डॉक्टर का नाम: Dr. Raghvendra

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 ?	yes	
	आपकी जांच के लिए डॉक्टर के द्वारा दिया गया समय पर्याप्त है या नहीं ?		
2.	Explained about diagnosis and treatment ?	yes	
	निदान और उपचार के बारे में समझाया ?		
3.	How is work experience of staff ?	Good	
	कर्मचारियों का कार्य अनुभव कैसा हैं ?		
4.	During your problem did employee or staff respond you on time or not ?	yes	
	जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं ?		
5.	Did staff treat you with dignity and respect ?	yes	
	क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?		
6.	How would you feel during treatment ?	Good	
	ईलाज के दौरान आपने कैसा अनुभव किया ?		
7.	Did you have confidence and trust in the staff ?	yes	
	क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?		
8.	What one thing would you change about the department ?	NO	
	इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		
Your comments / आपके सुझाव			

Date: 25/11/21

जसप्रीत

Signature (Patient/Guardian)

Signature (Clinic Authority)

Signature (MD/MS)

Charges Concern Form

Name (नाम): Jaspreet Singh DOA (भर्ती की तारीख): 23/11/21

Age (उम्र) 37 Sex (लिंग) m UHID : JS2-11127 OPD : 202137

W/O, S/O, D/O (पिता|पति) : Gurnam Singh Day Panchkarma: 3 day

Consultant Name (चिकित्सक नाम) : Dr: Raghvendra

Provisional Diagnosis(रोग निश्चय) Pratishyay

Final Diagnosis(रोग विनिश्चय) : Pratishyay

1. Procedure details (प्रक्रिया विवरण): Nasyam
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) x
3. Nursing Charges (नर्सिंग शुल्क) x
4. Package Charges Procedure wise

A: Nasyam = 1500 X 3 = 4500/-

B:

C :

D:

E:

5. Doctor Fees (चिकित्सक शुल्क) x
6. Medicine (approx) costing : 300/-
7. Consumable (approx) charges : x
8. Accessory (approx) charges : x
9. Diet Charges (आहार शुल्क) : x

Total Estimated Package Rs. 4800/-

Patient Signature
जसप्रीत

Receptionist Signature
Kavita

PAIN SCORING CHART

UHID: JS 211127 OPD: 202137

Name. Jaspreet Singh. Age: 37y Sex : M

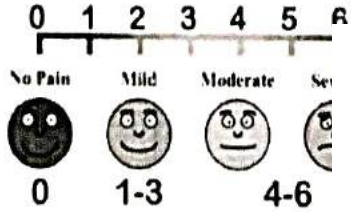
Consultant: Dr Raghvendra Date of admission : 23/11/21

Before Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1	2PM	23/11/24	Singh	8/10
2	2PM	24/11/24	Singh	7/10
3	2PM	25/11/24	Singh	5/10

After Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1	3PM	23/11/24	Singh	8/10
2	3PM	24/11/24	Singh	6/10
3	3PM.	25/11/24	Singh	3/10



VITAL CHART

Patient Name : Jaspreet Singh.... Gender : M.... DoA : 23/11/21... UHID No. : JS.21.1.127....

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
23/11/21	56 kg	(37.8°C)	129/85	75	18/min	8/10	जसप्रीत
24/11/21	56 kg	37.9°C	128/80	76	19/min	6/10	जसप्रीत
25/11/21	56 kg	37.4°C	125/79	70	18/min	3/10	जसप्रीत

Daily Medication Schedule

UHID: JS211127 OPD 2091937 Date : 23/11/21

Patient Name : Jasbeer singh DOA: 23/11/21

Allergies : Nil

Consultant : Dr. Raghvendra

PERSONAL MEDICATION RECORD		
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:
Name :	Pharmacy:	Physician:

NAME OF DRUG	DOSE	DATE	TIME OF DRUG
Swaskas	1BD	23/11/21	
Alokic Shakti	1BD		
		24/11/21	
swaskas	1BD		
Alokic shakti	1BD		
		25/11/21	
swaskas	1BD		
Alokic Shakti	1BD		

Daily Feedback Form

Name: Jaspreetsingh Age 37 Gender M Date 25/11/21

PRESENTING COMPLAIN (चिकित्सा शुरुआत की तकनीक)

- – Nasal blockage with sneezing
- – Headach
- – Lacrimation
- – Bulgum
-

PATHYA/APATHYA

S.NO	DATE	TIME	TREATMENT	COMPLAIN	RECTIFICATION	Improve	Not Improve	Pt.SIGN.
1	23/11/21	10-11:30	Nasyam	NO	ugntdeit	yes	–	जसप्रीत
2	24/11/21	10-11:30	Nasyam	NO	Ligntdeit	yes	–	जसप्रीत
3	25/11/21	10-11:30	Nasyam	NO	Ligntdeit	yes	–	जसप्रीत

UHID: JS211127 OPD: 202137 Room No. 01

PH No. +919313666680

PROGRESS NOTES C/S/B- Dr. Raghvendra

23/11/21

C/O - Nasal Blockage
- Headache
- Lacrimation
- Bulgum

B.P.: 129/85

P/R: 75

Temp.: 37.8°C

Pain: 8/10

Rx . Swar Kas Cap - 1BD
. Alulei'k tab - 1BD] After meal with water

Adv

Narayam by shad bindu all
(3-4 बूंद)

24/11/21

B.P.: 128/80

P/R: 76

Temp.: 37.9°C

Pain: 6/10

C/S/B- Dr. Raghvendra
- Mild relief Nasal Blockage
- Mild relief Lacrimation
- Mild Bulgum
- Mild Headache

Adv

Narayam shad bindu all
(3-4 बूंद)

CST

This patient Discharged on Tomorrow.

UHID: JS21127 OPD: 202137 Room No. 01

PH No. +919313666680

PROGRESS NOTES

25/11/2022

C/S/B- Dr. Raghvendra

- Stable Nosal Blockage
- Stable Headache
- Stable Laceration
- Stable Bulgum

B.P.: 125/79

P/R: 70

Temp.: 37.4°C

Pain: 3/10

Adv

Discharge

Dasayam by Shadhbindu aif (3-4 dy)

B.P.:

P/R:

Temp.: 97°

Pain: