UHID - JE2107615
OPD - 7624

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: Anisha Age - 39 yr
W/o, D/o, S/o: Samsuddin.
Chief Complain
History
- Sever headache
- Pain usually occur at morning
- feeling of vomiting
- feeling of Giddiness

4-5 months

Menstrual History
Diagnosis: Migraine (अर्धविशेषशिरोरोग)

No H/o DM HTM Thyroid.

अष्टविध परिक्षा
स्पर्श खर
शब्द गड्गड
Face (आकृति) सामान्य
Eye (दृष्टि) सामान्य
Jiwha (जिह्वा) आवृत
Urine (मूत्र) पीतवर्ण
Stool (मल) आवृत
Nadi (वात, पित, कफ) V/P

(Dash Vidha)

1. Prakrutii V/P
2. Vikruti V/K
3. Sara मध्यम
4. Samhana मध्यम
5. Pramana मध्यम
6. Satmya मध्यम
7. Satva आवर
8. Aahar Shakti मध्यम
9. Vaya मध्यम
10. Vyayam Shakti मध्यम

Vitals:
B.P.: 120/77 mm Hg
Weight.: 76 kg
Height: 5'3"
RBS: 70 mg/dl

Adv Shirodhara ≥ Brahmi oil 500 + Kshirabala oil 500ml (45 min) × 3 Days.

Rx Brahmi vati | 1-1 BD
Medh cup | 1-1 BD
After Meal
Lukewarm water
× 3 Days

NEXT CONSULATION DATE: After 7 Days.

Nutritional Assessment Form

I. Identifying Information

Full Name: Anisha Date: 23/12/21

UHID No: JS2107615 Age: 50yr. Sex: femal.

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

Referring Clinician: _____

Reason(s) for visit: For Severe headach

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.....MEDICATION

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, 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 _____

Please explain about

- Appetite – Normal
- Food habits – Normal
- Daily working hours: –
- Exercise –
- Job profile – House wife
- Height 5'5"
- Weight 69 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

Patient File No. Doctor Name Branch : Noida.

DATE	B.P	SUGAR	WEIGHT	REMARKS
23/12/21	120/81 mmHg (73) Pul.	-	69 kg	SpO2 96%.

Name Anisha C/o / D/o / F/o Samsuddin

Age 50 yr Weight 69 kg Height 5'5" DOB 1/1/1971 Sex: M ☐ F ☑

Occupation Housewife Religion Muslim Blood Group O+ve DOM 1993

Address B-98, Kanchan Kunj, Okhla, Noida.

City Noida State U.P Pin Code 201301

Telephone 8586088310 E-mail ID Dont have. - email

CONFIDENTIAL INFORMATION

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

DIET ☑ Veg ☐ Non-Veg ☐ Mixed

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

1

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 कैमीकल वाली गोलियां अभी खा रहे 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?

23/12/21

C/o Migraine x 3yr.

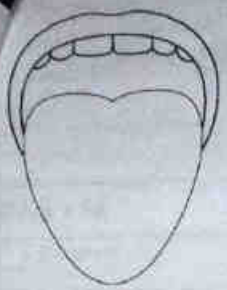
NO H/o DM
HTM
Thyroid

Appetite - (N)
Bowel - constip
Sleep - ↓L
Thirst - (N)
Urine - (N)
Gas +

Date 23/12/21

Patient Signature

Tongue (जिभ)



Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Date	23/12	24/01				
	Yellow coated	White coated				

Naadi (नाडी)	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month
Vata	↑↑	↑				
Pitta	↑	↑				
Kapha						

धरण/कौड़ी: ☐ Yes ☐ No

CHIEF COMPLAINTS :

Symptoms	Duration	Relief % After Treatment			
		After 1 Month	After 2 Month	After 3 Month	After 4 Month
Feeling of vomiting & Giddiness	4-5 month				
Loss headach					
Pain ↑ at Morning					

FAMILY HISTORY :
Complaints -

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

Surgery/Procedure History NO

ALLERGIES / REACTIONS

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

INVESTIGATIONS PROVIDED ☐ Yes ☐ No .....

DIAGNOSIS..... Migraine (अर्धविशेषक शिरोरोग) .....

CHIKITSA SUTRA..... शमन, रेचन; दीपन - पाचन .....

SPECIFIC ADVICE..... Avoid heavy meals; Dairy products

HEMATOLOGY

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

RADIOLOGY

Pt. Signature. _____ Doctor Signature _____

ATE:- 23/12/21

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Brahm vati — 1 BD Medh Cap - 1 BD	ε Lukewarm water

DATE:- 24/01/21

Churan / Powder / Kit	Tablets / Capsule	Liquid / Drops
	Brahm vati — 1 BD Medh Cap - 1 BD	ε Lukewarm water

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
22/12/21	Last Day - 4:00 AM – wake – 2 glass water 8:00 AM – chapatti + chana + veg → 1 cup Tea. 1:30 PM – Rice + Dal – 9:00 PM – chapatti + veg – 1 glass milk.
23/12/21	Today- 4:00 AM wake – 1 cup Tea – 1 chapatti + veg
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-
	Last Day -
	Today-

UHID JS2107615 OPD 7624 Room No. 02 Date 23/12/21

ADMISSION & DISCHARGED RECORD (Day Care)

Name Of Patient (रोगी का नाम) Anisha

Name Of Father/Husband(पिता/पति का नाम) W/O Samsuddin

Date Of Treatment(उपचार की तिथि) 23/12/21 Time of Treatment(उपचार का समय) 3:00PM Age(उम्र) 50 Sex(लिंग) F

Assistant Doctor (सहायक उपचारक) Self

Doctor Incharge(संचालक उपचारक) Dr. Ajit

Treatment end Date(उपचार समाप्ति तिथि) 25/12/21 Time End Of Treatment (उपचार का समय समाप्त) 4:00 PM

Operation (If Any) —

Procedure(प्रक्रिया) Shirodhra

Diagnosis(रोग निश्चय) Migraine (अर्धशीर्षक शिरोरोग)

Address & Phone No.(पता एवं फोन नं.) B-98, kanchan kunj, Okhla, Noida

& 8586080310

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 [redacted] 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 [redacted] 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 पूर्णतः सही है |

[redacted]

Dated (दिनांक) 23/12/21 Attendent (प्रत्यक्षी) Anisha

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

ns & Conditions

I have 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 शर्ते

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).....23/12/21.....

Signature (हस्ताक्षर).....Anisha.....

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

Witness(प्रत्यक्षी).....Anisha.....

Covid-19 Mandatory Self Declaration Form

Name Anusha Date : 23/12/21

Address : B-98, Kamchan Kunj, Okhla, Noida

Age : 50yr Contact Number : 8586080310 Gender :M/F Female

OPD : 7624 IPD 108 UHID : IS2107615

Due to the ongoing and rapidly changing 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 ✓
Diarrhea	Yes	No ✓
Breathlessness	Yes	No ✓
Asthma	Yes	No ✓
Other : Please specify	Yes	No ✓

- History of travel in the recent one month nationally and internationally?

  No

- Any contact history with a person who had returned from foreign country? If yes, please specify.

  No

- Purpose of your visit: For consultation, Patient attendant/other reason?

  consultation

- Have you come in contact with the covid-19 positive patient in last one month?

  No

- Have you 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

  Ayush kwath

- Kindly share your status of Arogya 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 do
prevent this from happening but I will not at all hold Doctors and
occurs to me or my accompanying persons.

ESTIGATION EXAMINATION (जाँच)

N/A

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

Δ Migraine Shirodhra x 3 Days.

DIET ADVISE ON DISCHARGE (आहार निर्देश)

As per diet chart

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

CONDITION AT THE TIME OF DISCHARGE

Home [✓] Dead [ ] Referred [ ] Lama [ ]

1. WHEN TO OBTAIN EMERGENCY CALL (आपातकालीन समस्या में सम्पर्क)

PH No. +91 99713 09044

A) If Pain Increase

B) If swelling increase

C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Brahm vati 1-1
Medh Cap 1-1
BD after Meal
ē Lukewarm water.

Dr. Name...

Sign....

Date... 25/12/21

Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Anisha Age(आयु)..5oyr:.. Sex(लिंग) Female

OPD: ..... UHID No .....

Address /पता: B-98, Kamchan Kunj, Okhla, Noida

Phone No./ फोन न.: 8586080310 Email / ईमेल : —

Name of Doctor /डॉक्टर का नाम: .....

Dear Sir/Madam,प्रिय महोदय/ महोदया

We want know your opinion. We would appreciate if you would spare us a moment of your valuable time in providing us your feedback regarding various aspects of medical care and hospitality that were extended to your stay here with us.

हम आपकी राय जानना चाहते हैं हम आप की सराहना करेंगे अगर आप हमें अपने मूल्यवान समय का एकक्षण देंगे जो हमें आपकी चिकित्सा, देखभाल और आतिथ्य के विभिन्न पहलुओं के बारे में आप की प्रतिक्रिया प्रदान करने में मदद करता है।

जो हमारे यहाँ इलाज के दौरान अनुभव किया।

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

Your comments / आपके सुझाव

NO

Signature (Patient/Guardian) Anisha

Date: 25/12/21

Signature (MD/MS)

Signature (Clinic Authority)

Panchkarma Consent

UHID IS2107615 OPD 7624 Room No. 02 Date 23/12/21

Patient's Name (रोगी का नाम) Anisha

Father's/ Husband's Name (पिता/पति का नाम) w/o Samsuddin

Date (दिनांक) 23/12/21 Age (उम्र) 50yr. Sex (लिंग) Female

Address & Phone no. (पता एवं फोन नं.) B-98, Kanchan Kunj, Okhla, Noida.

Treatment Benefits (उपचार के लाभ) Shirodhra, Relief in steroids + Headach.

Risk (जोखिम) Headach Increase

Alternative (विकल्प) Stop Therapy and Give Shwalvrajani vati.

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 :-

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

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

- थैरेपिस्ट का नाम Payal — थैरेपिस्ट हस्ताक्षर Payal
- डाक्टर का नाम Dr. Ajeet — रोगी के हस्ताक्षर Anisha
- प्रत्याक्षी self — दिनांक 23/12/21

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

Swelling in Joints	X	Tingling sensation	X
Pain in Legs	X	Tenderness	X
Tenderness in abdomen	X	Numbness	X
Backache	X	Vomiting	X
Increase pain	X	Loose motion	X
Fever	X	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 Shirodhra
- Therapist's Name: Payal — Therapist's Signature Payal
- Doctor's Name Dr. Ajeet — Signature Anisha
- Witness self — 23/12/21

UHID JS2107615 OPD 7624 Room No. 02 Date 25/12/21

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Anisha Age (उम्र) 50yr. Sex (लिंग) Female.

W/o, S/o, D/o(पिता|पति) C/o Samsuddin.

Address (पता) B-98, Kamchan Kunj, Okhla, Noida.

Treatment Start Date (उपचार प्रारंभ दिनांक) 23/12/21 End Date of Treatment (उपचार की अंतिम तिथि) 25/12/21

Treatment Start Time (उपचार प्रारंभ समय) 3:00 PM Treatment End Time (उपचार समाप्ति समय) 4:00 PM

Chief Consultant (मुख्य चिकित्सक) .....

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त)

Sever headach; Pain increase in morning; Feeling of vomiting & Giddiness.

Past Medical History (पुराना चिकित्सा वृतान्त) No

Family History (कुटुंब वृतान्त) — No

Pain Scale – 7/10

VitaParameters

B.P 120/77 mmHg
P/R 73/min
SUGAR 70 mg/dl
WEIGHT 76 kg
HEIGHT 5'3"

MENSTRUAL HISTORY

Regular

Astha Sthana Pariksha

1. NADI VIP
2. MALA आवृत
3. MUTRA पीतवर्ण
4. JIWHA आवृत
5. SHABDA गम्भीर
6. SPARSHA खर
7. AKRUTI सामान्य
8. DRIKA सामान्य

Dash vidha Pariksha

1) Prakruti VIP
2) Vikruti V/I
3) Sara मध्यम
4) Samhana मध्यम
5) Pramana मध्यम
6) Satmya मध्यम
7) Satva अवर
8) Agni मध्यम
9) Vaya वृद्ध
10) Vyayam Shakti मध्यम

Charges Concern Form

Name (नाम): Anisha DOA (भर्ती की तारीख): 23/12/21

Age (उम्र) 50 yr. Sex (लिंग) female UHID : IS2107615 OPD : 7624

W/O, S/O, D/O (पिता/पति) : c/o Samsuddin. Day Panchkarma: 3 Days.

Consultant Name (चिकित्सक नाम) : Dr: Ajeet

Provisional Diagnosis(रोग निश्चय) Migraine

Final Diagnosis(रोग विनिश्चय) : Migraine

1. Procedure details (प्रक्रिया विवरण): Shirodhra
2. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) x
3. Nursing Charges (नर्सिंग शुल्क) x
4. Package Charges Procedure wise
   - A: Shirodhra x 3 Days - 2000 x 3 = 6000/-
   - B:
   - C :
   - D:
   - E:
5. Doctor Fees (चिकित्सक शुल्क) —
6. Medicine (approx) costing : 2370/-
7. Consumable (approx) charges : —
8. Accessory (approx) charges : —
9. Diet Charges (आहार शुल्क) : —

Total Estimated Package Rs. 8370/-

Patient Signature Anisha

Receptionist Signature Rupa

UHID...IS2107615 OPD...7624 Room No...02 Date...23/12/21

PROCEDURE

I...Anisha... W/o, S/o, D/o...c/o Samsuddin...

R/O...B-98, kamchan kunj, Noida...

Date of Admission ...23/12/21... Age...50yr... Sex...female...

Has been clearly explained about the Procedure ...Shirodhra...

By Dr.....

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...Anisha...पिता/पति का नाम...c/o Samsuddin...पता...B-98, kamchan kunj... Okhla, Noida... (दिनांक)...23/12/21... उम्र...50yr...लिंग...Female...

डॉ ...[redacted]...ने मुझे मुझ पर होने वाली प्रक्रिया (थैरेपी) के बारे में पूर्णत: 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 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) ...Anisha...

Signature (हस्ताक्षर) ...Anisha...

Date (दिनांक) ...23/12/21...

Place (स्थान) ...Noida...

Witness (प्रत्यक्षी)...Self...

Doctor's Name (चिकित्सक नाम)...[redacted]...

Signature (हस्ताक्षर)...[redacted]...

Date (दिनांक)...23/12/21...

UHID TS2107615 OPD 7624 Room No. 02 Date 23/12/21

PROCEDURE

Patient's Name(रोगी का नाम) Anisha

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

Date (दिनाक) 23/12/21 Age (उम्र) 50yr Sex (लिंग) Female

Procedure Perform (प्रक्रिया) Shirodhra

Provisional Diagnosis (रोग निश्चय) Migraine

Final Diagnosis (रोग विनिश्चय) Migraine

Doctor Name (चिकित्सक नाम) Dr. Ajit

Therapist Name(सहायक नाम) Payal.

Details of Therapy :

Adv. Shirodhra = Brahmi oil 500ml (45min)
+ Ksheerbala oil 500ml x 3 Days.

Doctor's Name (चिकित्सक नाम) .....

Date (दिनाक) 25/12/21

Signature (हस्ताक्षर) .....

5:00pm.

PAIN SCORING CHART

UHID: JS2107615 IPD: 108 OPD: 7624

Name: Anisha Age: 56 yrs. Sex: female

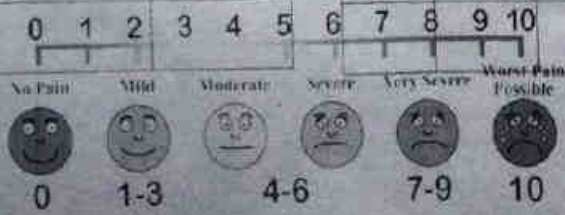
Consultant: Dr. Ajeet Date of admission: 23/12/21

Before Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1.	3:00PM	23/12/21	Payal	7/10
2.	8:00PM	24/12/21	Payal	6/10
3.	3:00PM	25/12/21	Payal	5/10

After Treatment

S.No.	Time	Date	Checked by	Pain Scoring
1.	4:00PM	23/12/21	Payal	6/10
2.	4:00PM	24/12/21	Payal	5/10
3.	4:00PM	25/12/21	Payal.	4/10



Daily Feedback Form

Name Anisha Age 50yr. Gender female. Date 23/12/21

PRESENTING COMPLAIN (चिकित्सा शुरुआत की तकनीक)

- Sever headach
- feeling of vomiting & Giddiness
- Pain ↑ at morning.
-
-

पथ्य - घिया, पालक, दोरा, तोरई

PATHYA/APATHYA -

अपथ्य - शीतजल, दाल्मा, घी तेल

S.NO	DATE	TIME	TREATMENT	COMPLAIN	RECTIFICATION	Improve	Not Improve	Pt.SIGN.
1.	23/12/21	3:00PM	Shirodhra	No	-	Good		Anisha
2.	24/12/21	3:00PM	Shirodhra	No	-	V.Good		Anisha
3.	25/12/21	3:00PM	Shirodhra	No	-	V.Good		Anisha

PH No. 9313666680

Prakurti Chart Form

UHID TS21076/5 Room No. 02 Date 23/12/21

Kindly add mental, behavioral, emotional and physical profile subtotals to attain the final total. The dash with the highest total is your mind body type.

MENTAL PROFILE		VATA		PITTA		KAPHA
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.

VITAL CHART

Patient Name :.... Anisha ..... Gender :.. f ..... DoA :.. 23/12/21 .... UHID No. :.. TS2107615 ..

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
23/12/21	76kg	97°F	120/77 mmHg	71/min	13/min	7/10	
		97°F	119/78 mmHg	76/min	13/min	6/10	
24/12/21	75.9kg	96°F	122/83 mmHg	72/min	13/min	6/10	
		96°F	121/80 mmHg	74/min	13/min	5/10	
25/12/21	75.8kg	95°F	117/21 mmHg	73/min	14/min	5/10	
		95°F	119/79 mmHg	75/min	14/min	4/10	

Daily Medication Schedule

UHID: JS2107615 OPD 7624 Date: 23/12/21

Patient Name: Anisha DOA: 23/12/21

Allergies: NO

Consultant: Dr. Ajeet

PERSONAL MEDICATION RECORD

Name:	Payal	Pharmacy:	Ashish	Physician:	Dr. Ajeet
Name:	Payal	Pharmacy:	Ashish	Physician:	Dr. Ajeet
Name:	Payal	Pharmacy:	Ashish	Physician:	Dr. Ajeet
Name:	Payal	Pharmacy:	Ashish	Physician:	Dr. Ajeet
Name:	Payal	Pharmacy:	Ashish	Physician:	Dr. Ajeet

NAME OF DRUG	DOSE	DATE	TIME OF DRUG	
Medh Cap	1-1	23/12/21	8:00AM	8:00PM
Brahmi Vati	1-1		8:00AM	8:00PM
Medh Vati	1-1	24/12/21	8:00AM	8:00PM
Brahmi Vati	1-1		8:00AM	8:00PM
Medh Cap	1-1	25/12/21	8:00AM	8:00PM
Brahmi Vati	1-1		8:00AM	8:00PM

UHID: JS2107615 OPD: 7624 Room No. 02

PH No. +919313666680

PROGRESS NOTES

23/12/21 4:10PM

B.P.: 120/77 mm Hg

P/R: 73 min

Temp.: 96°F

Pain: 7/10

C/S/B - Dr. Ajeet

C/O • Severe headache

• Pain ↑ at morning

• feeling of vomiting & giddiness

CVS (N)

CNS (N)

G.C.

Adv - Shirodhra ō Brahmi oil

+ Kshear bala oil

24/12/21 4:20PM

B.P.: 122/83 mm Hg

P/R: 72/min

Temp.: 96°F

Pain: 6/10

C/S/B - Dr. Ajeet

• Severe headache

• NO vomiting & giddiness

CVS (N)

CNS (N)

Adv - Shirodhra ō Brahmi oil

+

Kshear bala oil

UHID: JS2107615

OPD: 7624 Room No. 02

PH No.

PROGRESS NOTES

25/12/21 5:30Pm

B.P. : 117/81 mm Hg

P/R : 73/min

Temp. : 95°F

Pain : 5/10

C/S/B - Dr. Ajeet

C/O - Mild headache

Adv

Shirodhra ∃ Brahmi oil + Ksheerbala oil

Discharge

Continous same treatment

B.P. :

P/R :

Temp. :

Pain :

UHID: JS2107615 OPD: 7624 Room No. 02

PH No.

PROGRESS NOTES

23/12/21 5:30PM.

B.P.: 120/77
P/R: 74/min
Temp.: 97°F
Pain: 7/10

Before treatment c/s/B – Dr. Rajeet

c/o • Severe headache
• Pain usually rise at morning
• Feeling of vomiting
• Feeling of Giddiness

Adv – Shirodhara ℞ Brahmi oil + Ksheerbala oil

Medh cap	1 – 1	BD	After Meal ℞ Lukewarm water.
Brahm vati	1 – 1		

25/12/21

B.P.: 117/78 mm Hg
P/R: 73/m
Temp.: 95°F
Pain: 5/10 5:30PM

After treatment c/s/B –

c/o • No sign of Vomiting & Giddiness
• Headache reduced.

Adv Same treatment