Name :

W/o, D/o, S/o:
Chief Complaint
History
Family
Menstrual
Diagnosis

अष्टविध परीक्षा

Nadi स्पर्श
Mootra मूत्र
Mal मल
Jivha जिव्हा
Shabd शब्द
Sparsh स्पर्श
Drishti दृष्टि
Akriti आकृति

दश विध परीक्षा

1. Prakruti प्रकृति
2. Vikruti विकृति
3. Sar सार
4. Sahana संहनन
5. Pramana प्रमाण
6. Satmaya सत्मय
7. Satva सत्व
8. Aahar Shakti आहार शक्ति
9. Vyayama व्यायाम
10. Vaya Pareeksha वय परीक्षा

B.P. रक्तचाप

Wt. वजन

Height लम्बाई

1/4/2023

2
3
4
5

ADMISSION & DISCHARGED RECORD (Day Care)

UHID NFH1680 OPD 4373 Room No. 1 Date 14/8/21

Name Of Patient (रोगी का नाम) Shri. Kailash Nanda.

Name Of Father/Husband(पिता/पति का नाम) Mr. M.L. Nanda.

Date Of Admission(भर्ती की तिथि) 14/8/21 Time of Admission(भर्ती का समय)..... Age(उम्र) 76 Sex(लिंग) F

Assistant Doctor (सहायक उपचारक) .....

Doctor Incharge(संचालक उपचारक) Dr. Rajeev Nanda.

Date Of Discharge (छुट्टी की तिथि) 20/8/21 Time Of Discharge (छुट्टी का समय) 3 pm

Operation (If Any) .....

Procedure(प्रक्रिया) Kati Kasthi, Shirodhara.

Diagnosis(रोग निश्चय) Krishna, [illegible]

Address & Phone No.(पता एवं फोन नं.) Radhey Shyam Park Extension
9267930754, 8717077577

Result	Cured/Relived	Left Against Medical Advice	Investigation Only	Discharge Request	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 पूर्णतः सही है ।

Dated (दिनांक) 14/8/21 Witness (प्रत्यक्षी) Husband

Signature (हस्ताक्षर) [signature] Relationship of Patient (रोगी से सम्बंध) wife

Terms & Conditions

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

नियम व शर्तें

1. मैंने इस क्लिनिक में प्रवेश के लिए अपना खुद का चयन किया है और क्लिनिक के नियमों और विनियमों के अनुसार बिल का भुगतान करूँगा /करूँगी |
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)..... 14/8/21 .....

Signature (हस्ताक्षर).....

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

Witness(प्रत्यक्षी).....

Panchkarma Consent

UHID NFH1680 OPD 4373 Room No 1 Date 14/8/21

Patient'sName(रोगी का नाम) Shri. Kailash Narula

Father's/ Husband's Name (पिता/पति का नाम) Mr. M.L. Narula

Date (दिनांक) 14/8/21 Age (उम्र) 76 yrs Sex (लिंग) F

Address & Phone No (पता एवं फोन नं.) Radhey Shyam Park, Extension; 9267930251

Treatment Benefits (उपचार के लाभ) .....

Risk (जोखिम) .....

Alternative (विकल्प) .....

हमें हमारी थैरेपी के वारे में पूर्णत: वता दिया गया है एवं थैरेपी के आने वाले उपद्रवों के वारे मे भी वता दिया गया है |
जैसे :-

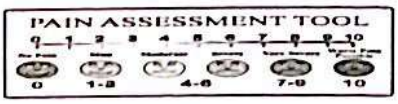
घुटनों में सूजन	☐	झनझनाहट	☑
पैरों में दर्द	☑	अकड़न	☐
पेट मे भारीपन	☐	सुन्नपन	☐
कमर में दर्द	☑	उल्टी	☐
दर्द में वृद्धि	☑	दस्त	☐
वुखार आना	☐	वी.पी कम होना	☐

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 ..... थैरेपिस्ट हस्ताक्षर .....
- डाक्टर का नाम ..... डाक्टर हस्ताक्षर .....
- रोगी के हस्ताक्षर .....प्रत्याक्षी ..... दिनांक.....

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

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



- After Explaining about the complication & the benefits I will be responsible for everything and give full permission to the doctors & the therapists to perform
- Therapist's Name Chinamma Bijo Therapist Signature .....
- Doctor's name Dr. Rajeev Narula Doctor Signature .....
- Patient's Signature .....Witness.....Date 14/8/21

Prakurti Chart Form

UHID. NFH1680 IPD 221 Bed No 1 Date 14/2/21

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

	VATA	PITTA	KAPHA
MENTAL PROFILE			
Mental activity	☐ Quick mind restless	☐ Sharp intellect aggressive	☑ Claim stead stable
Memory	☑ Short-term best	☐ Good general memory	☐ Long-term best
Thoughts	☐ Constantly charging	☑ Fairly steady	☐ Steady stable fixed
Concentration	Short-learn focus best	☑ Better than average mental concentration	☐ Good ability for long term focus
Ability to learn	☐ Quick grasp of learning	☐ Medium to moderate grasp	☑ Slow to learn
Dreams	☐ Fearful flying running jumping	☑ Angry, fiery, violent adventurous	☐ Includes water clouds relationship, romance
Sleep	☐ Interrupted light	☑ Sound, medium	☐ Sound, heavy long
Speech	☑ Fast sometimes missing words	☐ Fast sharp clear cut	☐ Sound, clear, sweet
Voice	☐ High pitch	☑ Medium pitch	☐ Low pitch
Mental profile			
Eating speed	☐ Quick	☐ Medium	☑ Show
Hunger level	☑ Irregular	☐ Sharp need food when hungry	☐ Can easily miss meals
Food and drink	☐ Prefers warm	☐ Prefers cold	☑ Prefers dry and warm
Achieving goal	☐ Easily distracted	☑ Focused of driven	☐ Slow and steady
Giving/donation	☐ Gives small amounts	☑ Gives nothing or large amount infrequently	☐ Gives regularly and generously
Relationships	☐ Many casual	☐ Intense	☑ Long and deep
Sex drive	☐ Variable or low	☑ 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.

PROCEDURE

UHID NFH1680 OPD 4373 Room No 1 Date 14/8/21

I Kailashi Nanda W/o, S/o, D/o Mr. M.L. Nanda

R/O Radhey Shyam Park Extension ; 9267930751

Date of Admission 14/8/21 Age 76yrs Sex F

Has been clearly explained about the Procedure Katibasti, Shirodhara.

By Dr. Rajeev Nanda.

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 पूर्णतः 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) Kailashi Nanda.

Signature (हस्ताक्षर) Kailashi

Date (दिनांक) 14/8/21

Place (स्थान) Radhey Shyam Park

Witness (प्रत्यक्षी) Husband

Doctor's Name (चिकित्सक नाम).

Signature (हस्ताक्षर)

Date (दिनांक) 14/8/21

PROCEDURE

UHID NFH.1680 OPD 4373 Room No. 1 Date 14/8/21

Patient's Name(रोगी का नाम) Kailashi Nanda.

Father's/Husband's Name (पिता/पति का नाम) Mr. M.L. Nanda.

Date (दिनांक) 14/8/21 Age (उम्र) 76yrs. Sex (लिंग) F.

Procedure Perform (प्रक्रिया) Kativasti, Shirodhara.

Provisional Diagnosis (रोग निश्चय) [illegible]

Final Diagnosis (रोग विनिश्चय)

Doctor Name (चिकित्सक नाम) Dr. Rajeev Nanda.

Therapist Name(सहायक नाम) Chinamma Biju.

Details of Therapy :

- Kati Basti - 7 day
  Sahcharadi oil - 300 to 500 ml
- Shirodhara - 30 min daily
  with Brahmi oil - 400 ml

Doctor's Name (चिकित्सक नाम)

Date (दिनांक) 14/8/21

Signature (हस्ताक्षर)

UHID. NFH1680 OPD 4373 Room No. 1 Date 14/8/21

F.H.NO.

DISCHARGE FILE

Patient's Name (रोगी का नाम) Mrs. Kailashi Nanda Age (उम्र) 76 Sex (लिंग) F

W/o, S/o, D/o(पिता|पति) Mr. M.L. Nanda.

Address (पता) Radhey Shyam Park, Extension.

Date of Admission (भर्ती की तारीख) 14/8/21 Date of Discharge(छुट्टी की तारीख) 24/8/21

Time of Admission (भर्ती का समय) 12 noon Time of Discharge(छुट्टी का समय)

Chief Consultant (मुख्य चिकित्सक) Dr. Rajeev Nanda.

CHIEF COMPLAINT AND HISTORY (मुख्य तकलीफ एवं उसका वृतान्त)

Past Medical History (पुराना चिकित्सा वृतान्त)

Family History (कुटुंब वृतान्त)

Pain Scale – 8/10

VitaParameters

B.P 140/90

P/R 90/min

SUGAR 180 a/ll

WEIGHT 84 kg

HEIGHT 5'11

MENSTRUAL HISTORY

Astha Sthana Pariksha

1. NADI
2. MALA
3. MUTRA
4. JIWHA
5. SHABDA
6. SPARSHA
7. AKRUTI
8. DRIKA

Dash vidha Pariksha

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

INVESTIGATION EXAMINATION (जाँच)

DIAGNOSIS AND TREATMENT SUMMARY (रोग चिकित्सा वृतांत)

DIET ADVISE ON DISCHARGE (आहार निर्देष)

Follow up (दोबारा कब आना है) 20/8/2021

CONDITION AT THE TIME OF DISCHARGE

Home ☑ Dead ☐ Referred ☐ Lama ☐

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

Phone No.

A)

B)

C)

2. Medicine After Diseases (औषधि छुट्टी के बाद)

Dr. Name.

Sign.....

Date 14/8/21

Feedback Form (प्रतिक्रिया फॉर्म)

Name/नाम : Kailashi Nanda Age(आयु) 76yrs. sex(लिंग) F

OPD: 4373 UHID No. NFH1680.

Address /पता: Radhey Shyam Park, Extension; ~~7267980751~~

Phone No./ फोन न.: 9267730757 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 में समझाया ?	Yes.	
3.	How is work experience of staff ?		
	कर्मचारियों का कार्य अनुभव कैसा हैं ?	Good	
4.	During your problem did employee or staff respond you on time or not ?		
	जब आप अपनी समस्या बताते हैं, तो कर्मचारी ठीक से सुनते हैं ?	Yes.	
5.	Did staff treat you with dignity and respect ?		
	क्या कर्मचारी आप से गरिमा और सम्मान के साथ व्यवहार करते हैं ?	Yes.	
6.	How would you feel during treatment ?		
	ईलाज के दौरान आपने कैसा अनुभव किया ?	Good.	
7.	Did you have confidence and trust in the staff ?		
	क्या आप कर्मचारी के कार्य क्षमता से संतुष्ट हैं ?	Yes.	
8.	What one thing would you change about the department ?		
	इस विभाग में कोई एक भी ऐसी चीज जिस में आप सुधार चाहते हैं ?		No.
Your comments / आपके सुझाव			

Date: 14/8/21

Signature (Patient/Guardian)

Signature (Clinic Authority)

Signature (MD/MS)

Charges Concern Form

Name (नाम): Kailashi Nanda DOA (भर्ती की तारीख): 14/8/21

Age (उम्र) 76yrs. Sex (लिंग) F UHID : NFH1680 OPD : 4373

W/O, S/O, D/O (पिता|पति) : Mr. M.L Nanda. Day Panchkarma: 7

Consultant Name (चिकित्सक नाम) : Dr. Rajeev Nanda

Provisional Diagnosis(रोग निश्चय) Kati shool, गठिया

Final Diagnosis(रोग विनिश्चय) : "

1. Procedure details (प्रक्रिया विवरण): Kati Basti, Shirodhara

2. Day Charges (डे केयर शुल्क)

3. Doctor Consultation Charges (चिकित्सक परामर्श शुल्क) 500/-

4. Nursing Charges (नर्सिंग शुल्क) 350/-

5. Package Charges Procedure wise

A: Kati Basti — 950 x 7 = 6,650.00

B: Shirodhara 2050 x 4 = 8,200.00

C :

D:

E:

6. Doctor Fees (चिकित्सक शुल्क) 500.00

7. Medicine (approx) costing : 200.00

8. Consumable (approx) charges : —

9. Accessory (approx) charges :

10. Diet Charges (आहार शुल्क) : —

Total Estimated Package 17,700.00

Patient Signature

Receptionist Signature

Daily Medication Schedule

UHID: NFH1680 OPD 4373.

Patient Name: Kailashi Nanda. Date: 14/8/21

Allergies:

Consultant: Dr. Rajeev Nanda. DOA: 14/8/21.

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		
Tinidazole Injection	250mg - 250ml	14.8.2021		10 am	8 pm
Levofloxacin Injection	250mg - 250ml	14.8.2021		10 am	8 pm
Azithromycin	500mg - 250ml	14.8.2021		10 am	8 pm
PCE	5 ml	20.8.2021		10 am	8 pm

VITAL CHART

Patient Name : Kailashi Nanda Gender : F DoA : 14/8/21 UHID No. : NFH1680

DATE	WEIGHT	TEMPERATURE	BLOOD PRESSURE	PULSE	RESPIRATION RATE	PAIN	SIGN
14/8/21 at 12noon	84Kg	96·F	140/90	86/mt	16/mt	8/10.	
at 2pm	84Kg	96·4·F	130/80	88/mt	16/mt	8/10.	
15/8/21 at 12n.	84Kg	97·F	130/70	88/mt	16/mt	7/10	
at 2pm	84Kg	96·7·F	130/80	86/mt	17/mt	7/10	
16/8/21 at 12n.	84Kg	97·2·F	120/70	86/mt	16/mt	6/10	
at 2pm	84Kg.	96.4·F	110/80	88/mt	16/mt	6/10	
17/8/21 at 12n.	84Kg.	95·8·F	130/80	86/mt	17/mt	5/10	
at 2pm	84Kg	96·F	120/90	88/mt	18/mt	5/10	
18/8/21 at 12n.	84Kg	97·F	110/80	88mt	16/mt	4/10	
at 2pm.	84Kg.	98.4·F	120/90	88mt	16/mt	4/10	
19/8/21 at 12n.	84Kg.	96·F	110/80	86mt	17/mt	4/10	
at 2pm	84Kg.	95·6·F	120/90	88mt	17/mt	4/10.	
20/8/21 at 12n.	84Kg.	96·2·F	110/80	86mt	18/mt	4/10	
at 2pm.	84Kg.	96·F	120/90.	88mt	18/mt	4/10.	

Initial Assessment Form

DATE: 14/8/21 UHID: NFH 1680 OPD: 4373

PATIENT NAME: Shri. Kailash Narula F/Name: M.L. Narula. REG. NO: 1680

PATIENT HISTORY:

ADDRESS (Province-District):				**PHONE No:**	
PATIENT AGE:		F	M	**Diagnosis:**	
1.	**Civil Status**	Single	Married ✓	Number of children 3	
2.	**Job & Occupation**	Armed forces	Farmers, fisherman	Non qualified worker	Technician
		Office workers	Retired ✓	Unemployed & not active	Student
3.	**Education level**	Can write ✓	Can read ✓	Class: 10th	
4.	**History of the trauma/illness**	Date:		Circumstances/Etiology:	
	Associated diseases:	[illegible]			
5.	**Medical History/Treatment**	Hospital:		Care:	
	Evolution since the beginning	Improved	Worse	Remarks:	
	Medication			X-ray/Other ex:	

		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	☑	

Friendship ☐	Tends towards short term friendship makes friends	☐ Tends to be a longer friends related to occupation	☐ Tends to

8.	Medical and Social Support			
	Ant old disease Live DM,HTN Etc	Yes	No	Comments:
	History of Surgery	Yes	No	Comments: Appendectomy
	History of	Good	Bad	Comments:

9.	Main patient's concerns:
10	Main patient's expectations:

Current Treatment:	1st	2nd	3rd/>

Remarks:

Date	14/8/21

Diet

	Breakfast	Lunch	Dinner	Night
14.8.21	दलिया	मूंग-की दाल + रोटी + सलाद	खिचड़ी + दही	—
15.8.21	1 पराठा + पनीर (2pc)	रोटी + सब्जी + दही	दलिया दूध वाला	1 cup milk
16.8.21	उपमा + चाय + Biscuit	रोटी + मूंगफली + सलाद	रोटी + मूंग दाल	—
17.8.21	Apple + Biscuit Tea	चावल + सब्जी + रोटी + दही	1 खिचड़ी	1 Glass sugar Zero

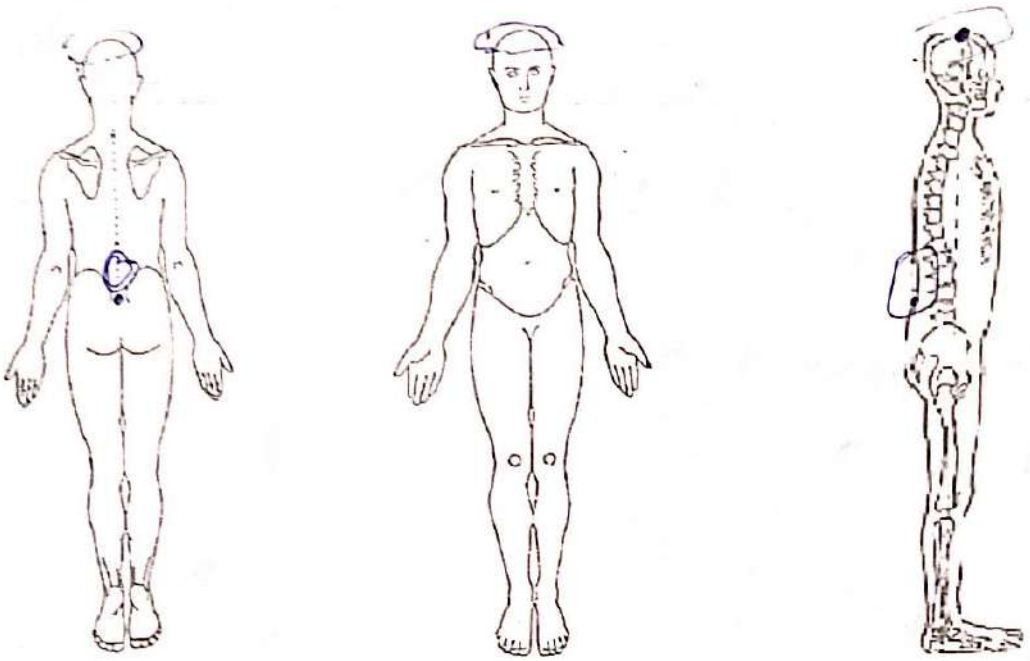
Date	

Diet

	Breakfast	Lunch	Dinner	Night
18.8.21	पोहा + चाय	रोटी + सब्जी सलाद + दही	दलिया सब्जी वाला	— milk 1 cup
19.8.21	बेसन की सब्जी + पराठा + Tea	1 रोटी + सब्जी + सलाद	चावल + सब्जी	—
20.8.21	दलिया दूध वाला	पनीर + रोटी + सलाद	1 रोटी + मूंग की दाल	1 cup दूध

Physical Examination:

Mark on the body-chart deformities or joint anomalies, back deformities or anomalies, edema, shoulder subluxationetc.



Remarks: P) have severe back pain at lowerback with mild radiation

Skin & Soft tissues problem

DISORDERS	Minor	Important
Swelling		
Callus		
Scar		
Wound		
Temperature		
Infection		
Pain	Radiating at Back	
Abnormal Sensation		

Sensation

Sensitivity	R	L	(Specification)
Superficial			
Deep			
Numbness			
Paresthesia			
Other			

SLR Test	R/ Mild
REFAXYED	4 days

Details Discription of Disease

	Comments
Onset	15- 20 days Before.
Additional Disease	HTN & DM
Allergy	
Pass Treatment	

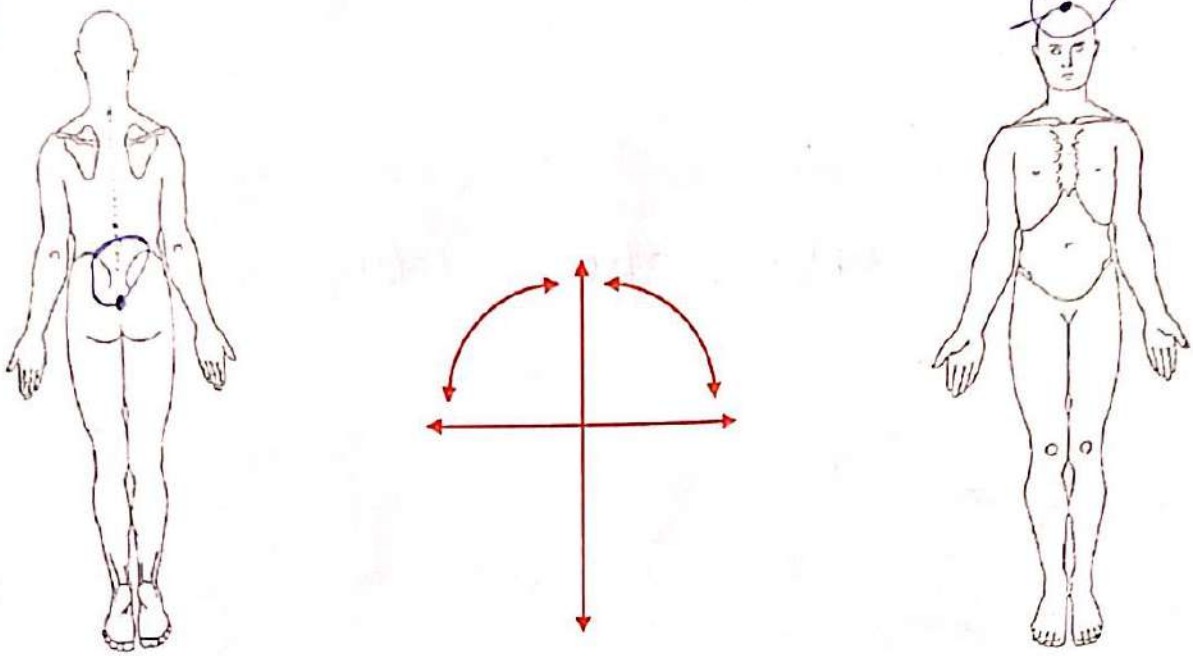
GRITHPAN ANALYSIS

- Weight : 84 kg.
- Daily Ghrit intake : —
- Lipid Profile : Triglycerides no 150
- Menstrual History : Menopause
- Gravida : (3)
- Menopause : ✓
- Period Days : —
- Pain During Period —
- L M P —
- EDD —

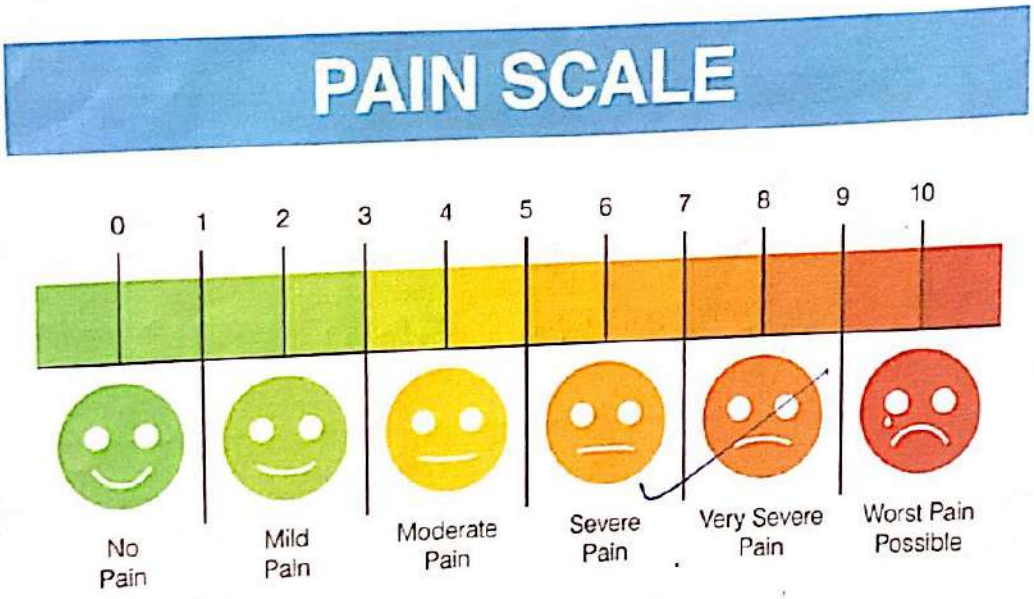
Primary Infection —

Secondary Infection —

dy chard of pain/symptoms distribution:



Pain Score



General Examination Assesement

ASTA VIDHA PARIKSHA

S No	Asta Vidha Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	स्पर्श	14/8/21	20/8/21	26/8/21		
2.	शब्द	"	"	"		
3.	Face (Akruti)	"	"			
4.	Eye (Dirka)	"	"			
5.	Jiwha	"	"			
6.	Urine	"	"			
7.	Kastho (Stool)	"	"			
8.	Nadi (वात, पित्त, कफ)	"	"	26.8.2021		

DASH VIDHA PARIKSHA

S No	Pariksha	Date	Next Review Date	Next Review Date	Sign	Remark
1.	Prakruti	14/8/21	20/8/21	26/8/21		
2.	Vikruti	"	"			
3.	Sara	"	"			
4.	Samhana	"	"			
5.	Pramana	"	"			
6.	Satmyaō	"	"			
7.	Satva	"	"			
8.	Aahar Shakti	"	"			
9.	Vaya	"	"			
10	Vyayani Shakti	"	"	26.8.21		

VITAL ASSESEMENT :

S No.	B.P	Pulse Rate	Temp.	Date	Next Date	Next Date	Next Date	Next Date
1.	140/90	86/mt	96°F	14/8/21	20/8/21	26/8/21		
	130/80	88/mt	96.4°F	14/8/21	"			
	130/70	88/mt	97°F	15/8/21	"			
	130/80	86/mt	96.7°F	15/8/21	"			
	120/70	86/mt	97.2°F	16/8/21	"			
	110/80	88/mt	97.2°F	16/8/21	"			
	130/80	88/mt	96°F	17/8/21	"			
	120/90	86/mt	95.8°F	17/8/21	"			
	110/80	88/mt	96°F	18/8/21	"			
	120/90	88/mt	97°F	18/8/21	"			
	110/80	86/mt	98.4°F	19/8/21	"			
	120/90	88/mt	96°F	19/8/21	"			
	110/80	86/mt	96.2°F	20/8/21	"			
	120/90	86/mt	96°F	20/8/21	"			

PANCHKARMA THERAPY ASSESEMENT :

S No.	Therapist Given	Improvement in complaint	Change in Treatment Next Followup Date	Therapy	Sign
1.	Chinamma	Yes	14/8/21	Kati basti Shirodhara	
2.	"	"	15/8/21	"	
3.	"	"	16/8/21	"	
4	"	"	17/8/21	"	
5.	"	"	18/8/21	"	
6.	"	"	19/8/21	"	
7	"	"	20/8/21	"	

ıctional Evaluation:

Balance disorders

Sitting	Normal
	Good ✓
	Poor
	Not possible
Standing	Normal ✓
	Good
	Poor
	Not possible

Coordination

UPPER LIMBS	Good		Poor		Not possible	
	L ✓	R ✓	L	R	L	R
LOWER LIMBS	Good		Poor		Not possible	
	L ✓	R ✓	L	R	L	R
Comments:						

GAIT ANALYSIS

Functional Quality of the gait	Normal	Good	Poor	Comments:
1. SAFETY	✓			
2. CADENCE	✓			
3. SPEED			✓	
4. FATIGUE	✓			

Next Follow Plan

Next Follow Date 26.8.2024

Till Next Follow Diet Care :-

Till Next Follow Fife Style Change

PANCHKARMA TREATMENT PLAN

POORVA KARMA	
Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	
PRADHA KARMA	
Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	
PASCHAT KARMA	
Days Medicine	
Risk, Benefits	
Next follow up advice	
Next follow up date	

UHID..NEH.1680..... IPD.....4533..... Bed No.....1..... Date...14.8.2024

PROGRESS NOTES

14.8.2024

15.8.2024

16.8.2024

17.8.2024

18.8.2024