



**KERALIYA AYURVEDIC SPA & PANCHKARMA CENTRE**  
28, Kardhar Complex, (Roshan Ji Ki Badi), Hiran Magari, Sec-14,  
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**(Please fill in this form to respond to your ailments and send it back through email or by post)**

**Hospital Number, if any:**

(Please mention the Reference number allotted to you from the hospital)

Name of the patient:

Guardian's Name :  
(In case of a minor)

Organization :

Street Address :

City :

State :

Country :

Postal code :

Telephone :

Fax :

E-mail ID :

Alternate e-mail ID :

Age :

Sex :

Height :

Weight :

Structure  
(Obese/Medium/Lean):

**JOB DETAILS**

Nature of work and whether it involves traveling

**PRESENT COMPLAINTS**

List of present complaints with duration of each

| SNo | DESCRIPTION | DURATION |
|-----|-------------|----------|
| 1   |             |          |
| 2   |             |          |
| 3   |             |          |
| 4   |             |          |
| 5   |             |          |
| 6   |             |          |

Full History of present complaints:

Details of investigations done so far:

Details of treatments done:

Current Medication:

Allergies:

History of previous illnesses: (Option)

**Past Medical History**

| DISEASES | YES | NO |
|----------|-----|----|
| MALARIA  |     |    |
| DIABETES |     |    |
| FILERIA  |     |    |
| JAUNDICE |     |    |
| PILES    |     |    |
| FISTULA  |     |    |
| ULCER    |     |    |
| ANEAMIC  |     |    |

|               |  |
|---------------|--|
| <b>OTHERS</b> |  |
|---------------|--|

|                                     |          |
|-------------------------------------|----------|
| <b>Inpatient Treatment Required</b> | YES / NO |
|                                     |          |

**STATE OF DIGESTION**

|                       |                                    |
|-----------------------|------------------------------------|
| <b>APPETITE</b>       | Normal / Less / More               |
|                       |                                    |
| <b>BOWEL HABITS</b>   | Regular / Irregular                |
|                       |                                    |
| <b>URINE QUANTITY</b> | Adequate / Less / More             |
|                       |                                    |
| <b>SLEEP</b>          | Adequate / Less / More / Disturbed |
|                       |                                    |

**MENSTRUATION**

|                        |                              |
|------------------------|------------------------------|
| <b>CYCLE</b>           | Regular / Irregular          |
|                        |                              |
| <b>FLOW</b>            | Normal / Less / More         |
|                        |                              |
| <b>ASSOCIATED WITH</b> | Pain / Clots / Muscle cramps |
|                        |                              |
| <b>MARITAL STATUS</b>  | Married / Unmarried          |
|                        |                              |

Delivery: Problems if any

|                         |                                     |                |
|-------------------------|-------------------------------------|----------------|
| <b>DIETARY HABITS</b>   | Vegetarian / Non Vegetarian         |                |
|                         |                                     |                |
| <b>SCHEDULE</b>         | <b>MENU</b>                         | <b>TIMINGS</b> |
| EARLY MORNING           |                                     |                |
| BREAK FAST              |                                     |                |
| MID MORNING             |                                     |                |
| LUNCH                   |                                     |                |
| EVENING                 |                                     |                |
| NIGHT                   |                                     |                |
| <b>ADDICIONS IF ANY</b> | Smoking / Alcohol / Tobacco chewing |                |
|                         |                                     |                |

Others please specify: