

SHANTHY THEERAM

(purifying mind and body in the natural way)
Kerala Ayurvedic Panchakarma Center

**PLEASE FILL IN THIS FORM FOR OUR CHIEF PHYSICIAN
TO RESPOND TO YOUR AILMENT**

Name of the patient :

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		

OTHERS	
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Inpatient Treatment Required	YES / NO

STATE OF DIGESTION

APPETITE	Normal / Less / More
BOWEL HABITS	Regular / Irregular
URINE QUANTITY	Adequate / Less / More
SLEEP	Adequate / Less / More / Disturbed

MENSTRUATION

CYCLE	Regular / Irregular
FLOW	Normal / Less / More
ASSOCIATED WITH	Pain / Clots / Muscle cramps
MARITAL STATUS	Married / Unmarried

Delivery: Problems if any

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

Others please specify:

E-mail this to physician@shanthytheeramkerala.com