Dr Avtar Singh. Ayurveda Ratna [PG] College of Ayurveda (UK)
Ayurvedic Herbal Clinic and Spine Pain Management Centre

www.ayurvedicherbalcentre.com Tel 07956640643 Email dr,avtar@hotmail.com

Patient's Health Questionnaire

First name: .... Surname/s ....

Date of birth: .... Sex: male [   ] female [   ] Weight ....

Address: ....

Mobile Number: .... Occupation: ....

Email ....

Medical History

Do you suffer or have suffered from any of the following conditions, if yes since when?

		Since:	Any other problems
Heart Disease	Yes [ ] No [ ]	Since:	
Stroke	Yes [ ] No [ ]	Since:	
Cancer	Yes [ ] No [ ]	Since:	
Diabetes	Yes [ ] No [ ]	Since:	
Asthma	Yes [ ] No [ ]	Since:	
High or low blood pressure	Yes [ ] No [ ]	Since:	
Kidney problems	Yes [ ] No [ ]	Since:	
High Cholesterol	Yes [ ] No [ ]	Since:	

Please list any other serious **illness, operations or accidents** you had in the past (give details if possible).

....

....

Please list any **medicines/tablets** you are currently taking or if you have taken in the past.

....

....

Do you have any **allergies?** Yes [   ] No [   ] Smoker [   ] Non – smoker [   ]

Please list any allergies

....

Please circle your option and sign to confirm.

Summery care record_____ I consent (   )

Care data and sharing data model.____ I consent (

I strongly advice if you are taking any treatment from any other doctors please inform them.

The under signed the Res=of_____

I hereby authorise Dr Avtar Singh to perform Ayurveda treatment on me and I further authorize him to carry on additional or alternative treatment\measures as in his opinion may be found advisable. The nature of the said treatments has been fully explained to me in detail. This is further to confirm that the doctor shall not be responsible for any accident arising. He advise me if I feel treatment is not suitable and I feel uncomfortable stop the treatment. I can't make any claim or ask for any refund.

Signature/patient or behalf of patient_____Date_____

REFFERD BY DR...Date...................................

Ayurvedic Herbal Clinic and Spine Pain Management Centre Croydon UK.

Dr Avtar Singh (AYURVEDA RATNA) 07956640643 Consultation with appointment only.

(COVID [WISHAM JWARA] CHECKLIST (As per my experience) I have treated all the COVID variants with my same Herbal formulas more than 100 COVID patients in last two and half years They are all had different symptoms that is why I have made this checklist.

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FEVER		Mild 98.5F --	
Sneezing		Mild	Severe
Running nose		Mild	Severe
Breathing difficulty you can easily Hold breath for up to10sec		Breathless while Mild You climbing steps	Moderate \ Severe
Body Pain		Mild	Severe
Sore Throat	Cough	Moderate	Severe
Tongue colour			
Weakness	Fatigue	Moderate	Severe
Constipation	Diarrhoea	Episodes in last 24 hours	Last 48 hours
Appetite		Normal	Low V-Low
How often do you pass urine and what is the colour			
Headache		Mild	Severe
Cough Dry	How long	Mild	Severe
Mucous	Colour	Any blood	
Travel History		Any Contact with Covid-19	

If you have any of the above more than three symptoms please be alert and contact me or your Doctor.

Please keep well and stay safe and follow the instructions given by the Government