

ALL INDIA NATURE CURE FEDERATION

PATIENT'S HISTORY SHEET

Serial No. _____ Date _____

Name _____ Age _____ Male/Female _____

Address _____

Phone _____ Occupation _____ Married/Unmarried _____

Disease with duration :- _____

Allergy _____ Acidity _____ Gas _____ Constipation _____ Stool:-Times & Type _____

Diabetes _____ Hypertension _____ Obesity _____ Skin Problem _____ Tension _____ Sleeplessness _____

Any operations in the Past _____

Any Accident _____

Habits :- Tea/Coffee/Smoking/Drinks/Gutka/Morning Walk/Exercise/Yoga

Rising Time _____ Sleeping Time _____ Appetite:-Yes/No.

For Female Only:-

Menses:- Painful / Regular / Irregular,

Leucorrhoea—Yes/No,

Pregnant—Yes / No

Details of Previous Treatments :- _____

Any Nature Cure experience _____

Diet:- Veg. _____ Non Veg. _____ Egg _____ Spices _____ Juices _____ Sweets _____ Pickles _____

Favourite Dish _____

Routine of Diet :-	Time	Details
Morning	_____	_____
Breakfast	_____	_____
Lunch	_____	_____
Evening	_____	_____
Dinner	_____	_____
Milk at Night	_____	_____

Height _____ Weight _____ BMI _____ Tongue _____ Nails _____ BP _____

I may be treated on the basis of above history of my own responsibility.

Note :- Bring 1 big towel, 2 Small towels, Undergarments, Come with empty Stomach.

Patient/Guardian's Signature