

Shri J.G.Co-Operative Hospital Society's
Smt. Parwati Basavaraj Bhooplapur,

NATUROPATHY AND YOGA CENTRE

Jagadguru Dr. Gangadhar Nagar, GHATAPRABHA - 591 321.

Dist : Belgaum (CO-OP. CHARITABLE HOSPITAL) State : Karnataka

Phone No : (08332) 286987, 293099. HO : 286933

Cell:9901811460, Fax : (08332) 287499

Website: www.jgchnaturopathy.org

E-mail : jgnycgpb@gmail.com

NEW ADMISSION

RE-ADMISSION

APPLICATION FOR ADMISSION

(Please write in block letter and use separate form for each patient : Photo copy accepted)

PLEASE FILL ALL COLUMNS ON BOTH SIDES TO AVOID DELAY IN PROCESSING

Application will not be processed, without the Reservation Deposit. Amount payable towards booking charges can be remitted to A/C No : 05123070000767 of syndicate bank, Ghataprabha.

Name : Mr./Mrs./Ms

Mail address:

Mobile No :

Full address :

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.....

Local Phone No :

Fax :

Email:

Occupation:

Religion:

Married/Unmarried:

Reference :

Accommodation required :

General Ward

Special Room

Cottage

For Rules, regulations and room tariff please go through our Website.

Are you bringing any guest/attendant? Yes / No

If yes, state your relationship

(Allowed only in special Rooms and Cottages)

Total number of days of staying

Accommodation is required from To

Please give alternate date from To

Bank Draft No Rs. enclosed towards 3 days Reservation Deposit.

Incase of Re-admission, please write :

Previous Date of Admission: M.R.No: Ward:

PERSONAL HISTORY : (Please give specific information)

- | | |
|--------------------------|--------------------------------|
| 1. Age : Years. | 6. Urination No. of time / day |
| 2. Weight: Kgs. | 7. Height : |
| 3. Blood Pressure mm/Hg. | 8. Bowels Movement : |
| 4. No. of children | 9. Menstrual Cycle : |
| 5. Appetite | 10. Sleep |

DISEASE/COMPLAINTS IN DETAIL WITH DURATION :

1

2

3

Please answer the following :

1. Have you undergone any operation in the past 3 months? Yes/No.

If Yes, attach a detailed report

2. Do you suffer from any type of Herina ? Yes/No.

If Yes, Give details

3. Have you suffered from Heart ailment in the past ? Yes/No.

If Yes, Give details

4. What medicines are you taking at present ?

5. HABITS : Tea/Coffee/Smoking/Alcohol/Drug addiction/Zarda/Pan Masala

6. Can you walk 1 K.M. without any support? Yes/No.

If No, give details :

7. Are you physically/visually disabled in any way ?

If so, give details :

Please enclose recent investigation reports if you are suffering from any of the following problems (Please do not send any film)

1. High Blood Pressure with Diabetes/ Rhematic Fever/Obesity/Heart Problems :

Recent E C G Report? TMT/2.D. Echo cardiogram

2. Hepatitis : Austrailia Antigen Test

3. Aneamia : Hemoglobin estimation

4. Hypo/hyper Thyrodism : T3, T4, TSH

5. HIV Disorders

6. Skin Disorders

CONDITIONS

1. The Management reserves the right of admission and discharge any patient any time without assigning any reason whatsoever.

2. No patient is allowed to go out during his/her stay, like in any other hospital. Outside food is strictly prohibited.

3. Smoking or taking tea, coffee, alcohol/zarda/ pan are not allowed in the campus. Also please abstain from taking such items at home at least 10 days before admission.

4. The extension of stay can be considered only on the advice of our doctors and subject to availability of accommodation.

5. Medicines of any type are not allowed to be continued. However if considered essential, our doctors shall advice tapering off or complete withdrawal.

6. As success of treatment will solely depend on the patients strictly adhering to the discipline in the prescribed diet, Naturopathic treatments & Yoga, no assurance about cure/recovery can be given.

7. In case of postponement/cancellation, 3 clear days notice is to be given to Reservation, failing which the advance paid will be forfeited.

DATE :

Signature of Applicant

FOR OFFICE USE ONLY

Regd No. Cash Receipt No. Rs. Date

FOR OFFICE USE ONLY			
Regd No.	Cash Receipt No.	Rs.	Date

First Doctor	Clearing Authority (C.M.O)	Remarks