

To

The Director,

Arogya Mandir,

(Nature-Cure Hospital),

P. O.: Arogya Mandir,

Gorakhpur - 273 003 (U. P.) INDIA.

1. Name: _____

2. Full Address: _____

3. Age & Education: _____

4. Height & Weight:

<u>At present</u>	<u>Before Disease</u>
Height: _____	Height: _____
Weight: _____	Weight: _____

5. Married or unmarried: _____

6. Occupation - Its duty hours? How spent - Sitting Deskwork or Movement field work?

7. Period of rest, sleeping time at night and rising time in the morning. Quality of sleep - deep or disturbed: _____

8. What and how much do you eat; at what time do you eat? _____

9. Number of times bowels are cleared? Type - Solid or loose? _____

10. Do you suffer from constipation? Are their itching, boils, rashes on the body?

11. Taste of mouth, colour of tongue: _____

12. Any addiction - Biri, Cigarette, Tobacco, sniffing/orally, Ganja, Opium, alcohol, Betel- leaves, Betelnuts, Smack/hashis etc.:

13. Mental status - worries free or worry some:

14. History of the case from beginning: _____

15. Diagnosis by Doctors: _____

16. Is illness permanent or intermittent? _____

17. Present symptoms of diseases: _____

18. Hereditary disease in your family: _____

19. If fever - when and how much: _____

20. Eye sight - weak or strong; spectacles used, its power: _____

21. Dental condition: _____

22. Do you perform Worship, prayer or meditation: _____

23. Have you gone through nature-cure; name the books: _____

24. If taken nature-cure treatment - its description: _____

25. Seasonal fruits/vegetables of your place: _____

26. Temperature of town/place: _____

27. Any other special mention: _____

For Ladies use only

1. Menstruation's - timely or untimely - duration; Any
unnaturality: _____

2. Have suffered from leucorrhoea: _____

3. Has or how has it been treated? _____

4. Suffered abortion? _____

Space for special details