

Health Naturally @ Durshet

At Durshet, Taluka Khalapur, Dist Raigadh, Pin-410205, Maharashtra (India)

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Admission Form

NAME : _____

ADDRESS : _____

MOBILE : _____

AGE : _____ DATE OF BIRTH : __/__/____ MALE [] FEMALE []

WIEIGHT : _____ HEIGHT : _____ MARITAL STATUS : _____

COMPLAINTS DATEWISE & DURATION eg BODYACHE/FATIQUE/ SKIN PROBLEM etc

SR	COMPLAINT	DURATION	TREATMENT/S

CURRENT MEDICATIONS AND DURATION

SR	NAME	SINCE WHEN DURATION

ANY MEDICAL REPORTS -BLOOD/URINE/XRAY/SONOGRAPHY ETC PLEASE SPECIFY

----- Health is not a commodity, its self discipline -----

PERSONAL HISTORY

BLOOD GROUP : ____ OCCUPATION : ____ WORKING HOURS : ____

EDUCATION : ____

DIET : VEGETARIAN [] NON-VEGETARIAN []

ADDICTIONS IF ANY PLEASE SPECIFY : _____

EXERCISE : _____

HOW DID YOU COME TO KNOW ABOUT HEALTH NATURALLY @ DURSHET :

I SEEK ADMISSION TO HEALTH NATURALLY @DURSHET. THE INFORMATION PROVIDED ABOVE BY ME IS TRUE AND COMPLETE. IF ADMITTED I UNDERTAKE TO ABIDE BY ALL THE RULES & RAGULATIONS AND ADVISE DURING MY STAY. I AM WELL AWARE AND UNDERSTAND THE BASIC PRINCIPLES OF NATURE CURE AND ITS THERAPIES. I AM WILLING TO GET ADMITTED AND TO TAKE THERAPIES AND DIET/FASTING ETC WHICH WOULD ADVISED TO ME AND SHALL NOT HOLD RESPONSIBLE HEALTH NATURALLY @ DURSHET IN ANY MANNER FOR ANY OF MY CONDITIONS AS A RESULT THEREOF.

DATE _____

SIGNATURE _____