

BALWANTRAY MEHTA NISARGOPACHAR AROGYA BHAWAN

(Run by lok sevak mandal- vadodara)

APPLICATION FORM FOR INDOOR ADMISSION

CONTACT DETAILS:

Name..... Father/Husbands Name

Age/Sex..... Occupation Marital Status

Address.....

.....Pin.....

Cont no. (local)..... Email

Passport Details : (As per immigration rule)	No. :	Date of Issue	Place of Issue
Govt. approved ID	No. :	Type	

Write your Chief complains for that you are seeking Naturopathy Treatment.

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Which the details of Medicine consumed.

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Which type of accommodation desired ?

1. General Ward
2. Single Room
3. Double Room
4. Triple Room
5. Single AC Room
6. Double AC Room
7. Kutir AC
8. Deluxe Room AC

Check in time Date Check out time DateTotal Day

Extension (if required only by approval of Doctor and Accountant)

Days Accommodation type check out time

Detail of Guest / Attendant / Child (who is not seeking treatment)

Sr. No.	Name	Age/Sex	Relation	General Physical Condition	ID Proof (Attached)
1.					
2.					
3.					
Co Patient (Please fill separate form for each Co-patient)					

Personal and Medical Details

1.	What is your Weight / Height	
2.	you undergone any operation within 6 months ? (Yes / No) If yes, give detail :	
3.	Do you suffer form any kid of skin disease ? (Yes / No) If yes, give detail :	
4.	Have you suffered from Heart ailment in the past ? (Yes / No) If yes, give detail :	
5.	Are you addicted to any substance ? Tea / Coffee / Smoking Alcohol / Drug Addiction / Zarda / Pan Masala If so, give detail :	
6.	How much Can you walk without any support ?	
7.	What kind of difficulty do you feel during walk ?	
8.	Are you physically / Visually disabled in any way ? (Yes / No) If yes, give detail :	

