CHRF
CHARUSAT HOSPITAL

ચારૂસેટ હોસ્પિટલ, ચાંગા

વર્લ્ડ ક્લાસ મલ્ટી સ્પેશિયાલિટી હોસ્પિટલ

Body Profile

Date 13/4/24

રજીસ્ટ્રેશન નંબર / Registration Number	CH-2024-0054955
દર્દીનું નામ / Patient's Name	Anilkumar B Parker
સંપર્ક નંબર / Contact Number	

હેલ્પ લાઈન

એપોઈન્ટમેન્ટ માટે સંપર્ક
+91-2697-265502/504
+91-95379 27873

૨૪ કલાક ઈમરજન્સી સંપર્ક
+91-2697-265500
+91-75748 38111

નોંધ : ફરી બતાવવા આવો ત્યારે આ ફાઈલ અચુક સાથે લાવવી.

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CHARUSAT HOSPITAL

LALITABEN P. D. PATEL OPD SERVICES
REGISTRATION FORM (OPD)

Dr. Jainish

Date & Time : 13/4/24

Registration No. : CH-24-005495

Name : Anilkumar B Parlekar Contact No. : (M) _____

Age : 47 Sex : M (O) _____

Address : _____

BP : 150/90 mm Hg Pulse : 76 /min SpO₂ : 99 on RA

Wt : _____ Height : _____ Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : Came for Health check up

CASE ANALYSIS

Past History : _____

Present History : _____

GE Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- ☐ Diabetes
- ☐ IHD
- ☐ Hypertension
- ☐ Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

- ☐ Hypertension
- ☐ IHD
- ☐ T.B.
- ☐ Jaundice
- ☐ Epilepsy
- ☐ Asthma
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Food Allergy
- ☐ AIDS/HIV
- ☐ Bleeding Disorder
- ☐ Drug Allergy
- ☐ Pregnancy

HABBITS : ☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Others (Specify) : _____

CHRF/OPD/5083

Investigation/s Advised :

Provisional Diagnosis :

Allergy :

Nutritional Advice :

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARK
	Fatty liver + Dyslipidemia — Adv Diet ... given	
	Adv SRD	
13/04/24	C/S/B Dr Sanjay C/O ... LBA Adv – Regular spinal ... – Calcium rich diet Sanjay	

Signature with Stamp

CHARUSAT HOSPITAL

atient Name :	ANILKUMAR BHAIJIBHAI PARKER	Sample No. :	SAMPLE-0108567
atient ID :	CH-2024-0054955	Visit No. :	OPD/2024/04/0000628
.ge/Sex :	47y/Male	Call. Date :	13-Apr-2024 09:40
Referred By :	RIPAL PATEL	S. Coll. Date :	13-Apr-2024 10:26
Ward :	-	Report Date :	13-Apr-2024 14:36

emoglobin (HB)

vestigation	Result	Normal Value
emoglobin	14.5 gm/dl [NORMAL]	[M : 14-18, F : 12-16]

BC

vestigation	Result	Normal Value
B.C Count :	4.74 mill./c.mm [NORMAL]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
BC :	7200 /c.mm [NORMAL]	4000 - 10000

atelet count

vestigation	Result	Normal Value
latelets	1.84 Lakh/cmm [NORMAL]	1.5 - 4.5

BC count - Differential

vestigation	Result	Normal Value
olymorphs	50 % [NORMAL]	40 - 70
ymphocytes	43 % [HIGH]	20 - 40
osinophils	01 % [NORMAL]	1 - 6
Monocytes	06 % [NORMAL]	2 - 10
Basophils	00 % [NORMAL]	0 - 1

LOOD UREA

nvestigation	Result	Normal Value
Blood Urea	34.9 mg/dl [NORMAL]	15 - 40

.Creatinine

CHARUSAT HOSPITAL

Patient Name :	ANILKUMAR BHAIJIBHAI PARKER	**Sample No. :**	SAMPLE-0108567
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Age/Sex :	47y/Male	**Call. Date :**	13-Apr-2024 09:40
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Investigation	Result	Normal Value
Serum Creatinine	0.73 mg/dl [LOW]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

BUN

Investigation	Result	Normal Value
BUN :	16 [NORMAL]	8.0 to 23.0 (mg/dl)

URIC ACID

Investigation	Result	Normal Value
Serum Uric Acid	7.0 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

ESR

Investigation	Result	Normal Value
ESR - After One Hour	06 mm [HIGH]	[M : 3 - 5, F : 4 - 7]

Blood Group

Investigation	Result	Normal Value
ABO :	O	
Rh :	Negative	

FASTING BLOOD GLUCOSE

Investigation	Result	Normal Value
Fasting Blood Sugar :	109.7 mg/dl [NORMAL]	70 - 110

HBA1C

Investigation	Result	Normal Value
Mean Blood Glucose	136.9 mg/dl	

CHARUSAT HOSPITAL

atient Name :	ANILKUMAR BHAIJIBHAI PARKER	Sample No. :	SAMPLE-0108567
atient ID :	CH-2024-0054955	Visit No. :	OPD/2024/04/0000628
ge/Sex :	47y/Male	Call. Date :	13-Apr-2024 09:40
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ard :	-	Report Date :	13-Apr-2024 14:36

Hb A 1c	6.4 %	> 8 : Action Suggested 7-8 : Good Control < 7 : Goal 6-7 : Near Normal Glycemia < 6 : Non-diabetic Level

Comments

Hb A1C also know asGlycosylated Haemoglobin is the most important test for the assessment of longterm Blood glucose control (also called glycemic control).
Hb A1C reflects mean glucose concentration over past 69-8 week and provides a much better indicationn of longterm glycemic contril than blood glucose determination.
This Reaction is irreverdible & therefore remains unaffected glucose & Haemoglobin. Long term complications of diabetes such as Retinopathy (Eye-complications).
nephropathy(Kidney-complications) & neuropathy(never complications) are potentially serious and can lead to blindness, kidney failure etc. Glycemic control as monitored by Hb A1C measurement is considered most important.

TSH

Investigation	Result	Normal Value
TSH :	2.48 uIU/ml [NORMAL]	0.34 to 4.5 (uIU/ml)

T3

Investigation	Result	Normal Value
T3-Triodothyronine :	1.91 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

T4

Investigation	Result	Normal Value
T4-thyroxine :	53.0 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

LIPID PROFILE

Investigation	Result	Normal Value

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Patient Name :	ANILKUMAR BHAIJIBHAI PARKER	**Sample No. :**	SAMPLE-0108567
Patient ID :	CH-2024-0054955	**Visit No. :**	OPD/2024/04/0000628
Age/Sex :	47y/Male	**Call. Date :**	13-Apr-2024 09:40
Referred By :	RIPAL PATEL	**S. Coll. Date :**	13-Apr-2024 10:26
Ward :	-	**Report Date :**	13-Apr-2024 14:36

Serum Cholesterol (Chol) :	225.2 mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
Serum Triglyceride :	145.6 mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
S.HDL Cholesterol :	39.2 mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <45
LDLC :	140.96 mg/dl	
VLDL :	45.04 mg/dl [HIGH]	10.0 to 30.0 (mg/dl)
LDL/HDL Ratio :	3.6 - [HIGH]	< 3.5
TC / HDL Ratio :	5.74 - [NORMAL]	4.0 to 6.0
LDL (DIRECT) :	177.3 mg/dl [High]	< 100.0 (Optimal), 100.0 to 120.0 (Near Optimal), 130.0 to 159.0 (Border line high), 160.0 to 189.0 (High), > 190.0 (Very high)

LIVER FUNCTION TEST

Investigation	**Result**	**Normal Value**
Total Bilirubin :	0.53 mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.17 mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	38.4 IU/L [NORMAL]	[0.0 - 40]
AST (SGOT) :	23.9 IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	97.5 IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0

CHARUSAT HOSPITAL

Patient Name :	ANILKUMAR BHAIJIBHAI PARKER	**Sample No. :**	SAMPLE-0108567
Patient ID :	CH-2024-0054955	**Visit No. :**	OPD/2024/04/0000628
Age/Sex :	47y/Male	**Call. Date :**	13-Apr-2024 09:40
Referred By :	RIPAL PATEL	**S. Coll. Date :**	13-Apr-2024 10:26
Ward :	-	**Report Date :**	13-Apr-2024 14:36

Total Protein (TP) :	7.5 gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.7 gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.36 [NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	2.8 gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
A/G Ratio :	1.6	

URINE R & M

Investigation	Result	Normal Value
Physical Examination :		
Quantity :	25 ml	
Colour :	Pale Yellow -	
Appearance :	Clear -	
Odour :	URINIOD -	
Reaction :	Acidic -	
Specific Gravity :	1.025 -	
Chemical Examination :		
Albumin :	Absent -	
Sugar :	Absent -	
Bile Salts :	Absent -	
Bile Pigments :	Absent -	
Acetone :	Absent -	
Urobilinogen :	Absent -	
Microscopie Examination :		
Pus Cells :	3-4 -	
RBCs :	Absent -	
Epithelial cells :	1-2 -	

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Patient Name :	ANILKUMAR BHAIJIBHAI PARKER	Sample No. :	SAMPLE-0108567
Patient ID :	CH-2024-0054955	Visit No. :	OPD/2024/04/0006628
Age/Sex :	47y/Male	Coll. Date :	13-Apr-2024 09:40
Referred By :	RIPAL PATEL	S. Coll. Date :	13-Apr-2024 10:26
Ward :	-	Report Date :	13-Apr-2024 14:36

Casts :	Absent -
Crystals :	Absent -

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S,M.D)

CHARUSAT HOSPITAL

Patient Name :	ANILKUMAR BHAIJIBHAI PARKER	**Sample No. :**	SAMPLE-0108577
Patient ID :	CH-2024-0054955	**Visit No. :**	OPD/2024/04/0000628
Age/Sex :	47y/Male	**Call. Date :**	13-Apr-2024 09:40
Referred By :	RIPAL PATEL	**S. Coll. Date :**	13-Apr-2024 14:41
Ward :	-	**Report Date :**	13-Apr-2024 14:48

2BS

estigation	Result	Normal Value
st Prandial Blood Sugar (2Hrs) :	116.5 mg/dl [NORMAL]	100 - 140

NAITIK BHATIA
NSULTANT PATHOLOGIST
.B.S,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S,M.D)

CHARUSAT HOSPITAL
Abd Gen
C5-1
TIS0.5 MI 0.8
Dist 1 3.61 cm
Dist 2 2.91 cm
Dist 3 3.50 cm
Volume 19.3 ml

CHARUSAT HOSPITAL
ABD NEW
C5-1
TIS0.2 MI 1.3
LT KIDNEY

CHARUSAT HOSPITAL
ABD NEW
C5-1
TIS0.2 MI 1.3
RT KIDNEY

CHARUSAT HOSPITAL

DATE	PATIENT NAME	AGE IN YEARS	SEX	REFERRED BY DR	INVESTIGATION
13-04-2024	ANILKUMAR B PARKER	47	M	BODY PROFILE	UM-TOTAL ABDOMEN USG

USG ABDOMEN report.

Liver: show evidence of normal size,mild fatty parenchymel echotexture & no evidence of focal solid or cystic mass lesion seen.Normal hepatic vasculature seen with no evidence of intrahepatic biliary dilatation seen.

Gall bladder: is contracted with no evidence of calculus or sludge.Thickness of gall bladder wall is normal with no evidence of pericholecystic fluid collection.
CBD,portal vein & spleenic vein size are normal.

Spleen: size & parenchymel echotexture is normal with no focal mass lesion seen.

Pancreas: show evidence of normal size & parenchymel echotexture with no evidence of focal mass lesion.

Aorta: show normal caliber & no evidence of paraaortic mass lesion seen.

Right kidney: show evidence of normal size,position,corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Left kidney: show evidence of normal size,position,corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Bladder: walls are normal & no evidence of stone or mass seen.

Prostate: show evidence of normal size & parenchymel echotexture.
No evidence of ascitis or abnormal bowel loops seen.

Size cm app

Right Kidney	Left Kidney	Prostate Vol/Wt cc/gms.
10.6X4.2	10.1X4.5	19.8

COMMENTS:
Suggest possibility of mild fatty liver parenchymal changes.

No other obvious abnormality detected.

DR. KIRTI C THAKKAR
M.B.B.S,D.M.R.D

CHARUSAT HOSPITAL

DATE	PATIENT NAME	AGE IN YEARS	SEX	ALLOTTED BY DR	INVESTIGATION
13-04-2024	ANILKUMAR B PARMER	47	M	BODY PROFILE	X-ray

X-ray CHEST PA view.

No evidence of consolidation or infilteration seen involving both lungs.

Costophrenic sinuses are clear.

Vascular shadows are normal on both sides.

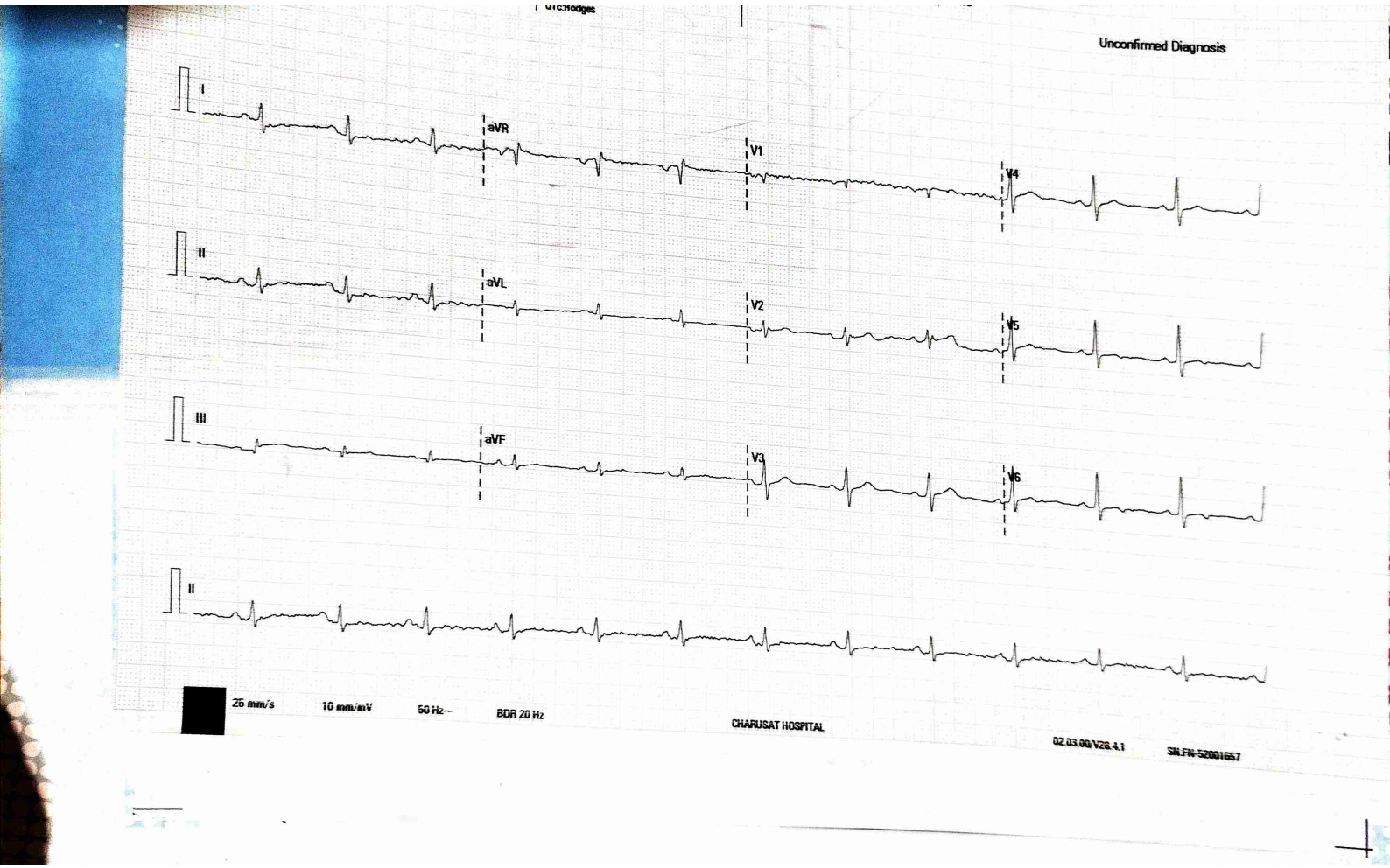
Hilar shadows show evidence of normal size,position & opacity.

Heart & aortic shadows show evidence of normal position & size.

osition of domes of diaphragm is normal.Bony cage show no abnormality.

OMMENTS:

EVIDENCE OF ABNORMALITY DETECTED.


Unconfirmed Diagnosis
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
25 mm/s
10 mm/mV
50 Hz
BDR 20 Hz
CHARUSAT HOSPITAL
02.03.00/V28.4.1
SN:FN-52001657

DENTAL REGISTRATION FORM

CHARUSAT HOSPITAL

Date & Time : 13/4/24

Registration No. : CH-24-005495

Name : Anilkumar B Parikar

Age : 47

Sex : M

Contact No. :

Emergency Contact No. :

Address :

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine checkup.

Family History :

- ☐ Diabetes
- ☐ Hypertension
- ☐ IHD
- ☐ Others (Specify) :

Habits : ☐ Tobacco ☐ Smoking

- ☐ Hypertension
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Bleeding Disorder

Medical/Other History :

- ☐ IHD
- ☐ Asthma
- ☐ AIDS/HIV
- ☐ Pregnancy
- ☐ Other (Specify) :
- ☐ T.B.
- ☐ Hepatitis B
- ☐ Food Allergy
- ☐ Others (Specify) :
- ☐ Jaundice
- ☐ Hepatitis C
- ☐ Drug Allergy

સંમતિ પત્રક

હું ..... ડૉક્ટરને મારી સારવાર કરવાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઇંજેક્શનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડૉક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી આપેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડૉક્ટર કે ચારૂસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હકદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ : _____

સમય : _____

_____

દર્દી / સગાની સહી

CONSENT

I ..... hereby request and authorize Doctor ..... to perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in details with success and failure of the treatment with all expenditure, possible complications from medicines or local anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any circumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be responsible for the same and treatment charges will not be returned back.

I give my consent to proceed with my dental treatment.

Date : _____

Time : _____

_____

Patient's / Relative's Sign.

Investigation Advised : _____

Final Diagnosis : Stains +

Treatment Plan : Scaling.

Date : 13/4/24

Time : _____

Name of Doctor Dr. Shashiwala

Signature : _____

CHRF/DENTAL/5016

CHRF
CHARUSAT HOSPITAL
Care with compassion

OPHTHALMIC REGISTRATION FORM

Reg. No. : CH-24-0054991

Date : 13/4/24

Patient's Name : Anilkumar B Parkar Age : 47

Address : _____

Telephone No. : _____ Mobile No. : _____

Referred by / Care of : _____

Profession : _____

Type or work in daily routine : Driving / Watching TV / Computer / Reading / _____

History / Complain of : Diminution of Vision / Pain / Watering / Redness / Eyeache / Headache / Itching / Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia / Diplopia / Squinting / Blackout / Floaters / Flashes / Injury /

Eye Involve : RE / LE / BE Duration : _____

Ophthalmic History : Surgery / Laser / FFA / Oct / Glaucoma / RP / Corneal Opacity / Injury / Amblyopia / Treatment

Any Surgery : Cataract / Glaucoma / _____ / RE / LE / BE

Family History : Glaucoma / RP / DM / _____

SYSTEMIC : DM / HT / IHD / COPD / PROSTATE / WROID / ALLERGY / SMOKING / ALCOHOL

EYE DETAILS :

	RE	LE
V/A with PH		
IOP		
OWN GLASS :		
AR :		

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis						
Nr.						
Comp						

Bifocal / Distant / Near only / Constant / Progressive / Photocromatic

CHRF OPTH SURG

ark :

ature : _____