Name:-

Country:-

Tentative Check in Date:-

Tentative Check out Date:-

Room preference (Non AC, Standard AC, Premium AC):-

Guest Details-

No of person for stay:-

No of person for treatment:-

Personal Details-

Sex (Male / Female):-

Age (in years):-

Height:-

Weight:-

Marital Status (Single / Married / separate):-

No. of kids:-

Nature of job (Desk / Travel / Stress / No job):-

Body Type (Lean / average / obese):-

Skin type (oily / dry / normal):-

Hair type (straight / curled / dry):-

Dietary Habit (veg / non veg):-

Health Details

Sleep (less / adequate / more):-

Appetite (less / adequate / more):-

Bowel Habit (regular / irregular):-

Addictions (alcohol / smoke / other) :-

Menstrual Cycle (regular / irregular):-

Menstrual Flow (less / more):-

Hemoglobin Level:-

Blood Pressure:-

Blood Sugar:-

Current Medication:-

History of any major illness:-

Current Health Details:-

Information about current illness:-

Duration of illness:-

Medication and treatment undertaken:-

If medication being continued:-

Fill and submit to [asokapharma@gmail.com](mailto:asokapharma@gmail.com)