

PROFORMA – I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, DR A.K. Suresh [Name] CMO/CMS, Banda
have perused the documents presented before me by Sri [Name
of the Officer] ARPITA SHARMA UP 3624 ID No. J.M.F.
and place of posting Banda OR on his behalf by
Sri Relation with the officer
Phone No.

- I. I have personally examined Sri/Smt./Sushri. Arif Khan Sahu who is suffering from the disease/syndrome/~~disability~~ Adjustment disorder [Name of the disease] and in my opinion he/she may require frequent hospitalization for ~~treatment~~/management.
- II. I also verify that Sri/Smt./Sushri. is suffering from the disease/syndrome/~~disability~~/disorder [Name of the disease] and the disease(s) find(s) mention at paragraph no. . . . of the Annexure-I enclosed herewith.
- III. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/~~syndrome~~/~~disability~~/disorder in paragraph two above is possible at the districts mentioned by the officer in ~~his~~/her application submitted to Hon'ble High Court.
- IV. The treatment/management of the above-mentioned disease/~~syndrome~~/~~disability~~/disorder in paragraph two above is also available at the districts namely unknown
- V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for 3 month months only.

**Signature with seal
(C.M.O./C.M.S.)**

Name: A.K. Suresh
ID No.:
Designation: मुख्य चिकित्सा अधिकारी
Telephone No. बांदा
Mobile No. 8005192640

1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.



डा. राम मनोहर लोहिया आयुर्विज्ञान संस्थान, गोमती नगर, लखनऊ
DR. RAM MANOHAR LOHIA INSTITUTE
Gomti Nagar, Lucknow



PP: 2023/134549

Token: 69
 Name: ARPITA SAHU
 Dept: Psychiatry
 Doctor: Dr. Akansha Sharma
 Date: 2023-09-23 (08 AM - 01 PM)

OPD CARD

Patient Name : _____

Age/Sex : _____

Date : _____

Doctor/Unit : _____

Address : _____

Initial Assessment: height _____ weight _____ BMI _____ | Drug Allergy: Yes

Vitals : BP _____ mmHg, H/R _____ /Min, R/R _____ | No

Provisional Diagnosis : _____ | Not Known,
 If Yes specify _____

Wong

| | | | | | |
|---------|------------------|-------------------|-----------------|-----------------|-------------|
| | | | | | |
| 0 | 2 | 4 | 6 | 8 | 10 |
| No Hurt | Hurts Little Bit | Hurts Little More | Hurts Even More | Hurts Whole Lot | Hurts Worst |

Chief Complaints:

Advised :

Adv
 T. ESCITALAM-PLUS
 100
 T. Melogram - 3mg
 100
 T. Pantygam - 40 100
 for 30 days

e/o + sleep
 Anxiety
 Persistent pre-occupation
 of negative thoughts
 stress ⊕
 s: Adjustment disorder

Next Follow up :

Nutritional Assessment required : -Yes/No

Nutritional Screening :- Malnourished-over-under Moderate nourished
 Well nourished

Consultant Name :

Signature:

Date & Time :

DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES

Date: 03/11/2023

myprovis

Adv

- ✓ ~~Tuh~~ Pantajani - 40 100
- ✓ Tuh Escitalopram - Plus 100
(Escitalopram - Fort)
- ✓ Tuh Melatonin / CIR-D-5 100

21/12/23: CYRA-D 500

Sanatmudra

16/12/23

① T. NULOXEE - 20 100

21/12/23: T. clonidine 0.5 1500

30

PGZ

DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES

Date : 20/12/23

for tonsillitis.

- ✓ T. Paracetamol - 500 (1/3)
 - ✓ T. Paracetamol - 100 (1/3)
 - ✓ T. ~~Aspirin~~ Acetylsalicylic acid - 0 (1/3)
 - ✓ T. 13L4JYL (1/3)
 - ✓ T. (1/3)
- (03) day

25/01/24

- ① T. DULOXEFINE - 30 (1/3)
 - ② T. CIR - 5 (Melatonin) (1/3)
- (10)