ACADEMY FOR ACUPRESSURE AND ACUPUNCTURE (AAA)

Founder Director: Dr.H.Bhojraj BE (Hons) MD(Acu)
#2596, 11th Main,"E" Block,II Stage,Rajaji Nagar ,
Bangalore-560 010.Ph:080-23132103

Children's Immunity Development Programme

APPLICATION FORM

Name of the parent:		
• **Profession and Qualification**		
• **Date of birth**		
• **Address**		
• **Phone Number**	**Land Line**	**Mobile**
Name of the spouse:		
• **Profession and Qualification**		
• **Phone Number**	**Land Line**	**Mobile**
Name of the Child:		
• **Date of birth**		
• **Height:**	• **Weight:**	
• **Eye Sight:**		
• **General Health of the child**		

I agree to follow the preventive therapy taught by the research team and report back regularly for research records.

I herewith enclose cash or Cheque **for `. 1000/- (Rupees one Thousand only)** drawn in the name of **Dr.H.Bhojraj a/c *"Academy for acupressure and acupuncture".***

Signature with date

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Varicose Veins TreaTmenT Camp

RegistRation FoRm

Name:

Phone:

Address:

Age/ Date of Birth:

Symptoms	Jan	Feb	Mar	Apr	May	Jun
Intensity of pain (scale of 0-10)						
Appearance of veins (spider or enlarged)						
Swelling of ankle						
Skin discoloration						
Skin ulcers near ankle						
Cramps						
Shrinking of skin						

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Knee Pain TreaTmenT CamP

RegistRation FoRm

Name		Date of Birth	
Address			
Email :		Telephone / Mobile	

Please Answer all these questions

a.	**How long you have been having knee pain?**		
☐	< 6 months	☐ < 1 year	☐ >1year
b.	**Please describe the treatment undertaken so far?**		
c.	**Do you have osteoarthritis?** ☐ Yes ☐ No If Yes, please attach the diagnostic test details		
d.	**Do you have rheumatoid?** ☐ Yes ☐ No If Yes, please attach the diagnostic test details		
e.	**Are you on pain killers?** ☐ Yes ☐ No If Yes, give details on the medicines taken per day.		
f.	**Is there any inflammation on the knee joint?**		

	☐ Yes ☐ No If Yes, you can approximately give the measurement on the inflamed joint compared to normal joint.
g.	**Do you get stiffness in the joint** ☐ Yes ☐ No If Yes, how long it lasts?
h.	**Can you bend your knee backwards fully without pain** ☐ Yes ☐ No If No, kindly state how much you can bend .

☐ $>30^0$	☐ $>60^0$	☐ $>90^0$	☐ 180^0

i.	**How long can you walk now at a stretch**	
☐ < 0.5 km	☐ < 1 km	☐ <2 km

j.	**Does walk increase your pain** ☐ Yes ☐ No
k.	**Have you taken any X-ray or MRI** ☐ Yes ☐ No If yes, attach the diagnostic details.
l.	**What is your pain intensity now in a scale of 10 which represent the maximum knee pain you expeirnced** 0 ⟷ 10

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Knee Pain

Camp Record No:

Name :	Telephone No.
Date of Joining the camp:	

	Pain Intensity 0 – 10	Swelling	Stiffness	Flexibility	Distance walking without pain
July 2011					

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Back Pain TreaTmenT CamP

RegistRation FoRm

Name		Date of Birth	
Address			
Email :		Telephone / Mobile	

Please answer all these questions

a.	**How long you have been having back pain?**		
☐ < 6 months	☐ < 1 year	☐ >1year	
b.	**Please describe the treatment undertaken so far?**		
c.	Do you have slipped disc.?		
☐ Yes	☐ No	If Yes, please attach the diagnostic test details	
d.	**Do you have osteoarthritis?**		

	☐ Yes ☐ No If Yes, please attach the diagnostic test details
e.	**Do you have rheumatoid?** ☐ Yes ☐ No If Yes, please attach the diagnostic test details
f.	**Are you on pain killers?** ☐ Yes ☐ No If Yes, give details on the medicines taken per day.
g.	**Is there inflammation anywhere on the back of the body?** ☐ Yes ☐ No If Yes, you can approximately mention the region viz neck, upper back, lower back, tail bone region etc.
h.	**Do you get stiffness anywhere in the back of the body?** ☐ Yes ☐ No If Yes, how long it lasts?
i.	**How long can you walk now at a stretch**

☐ < 0.5 km	☐ < 1 km	☐ <2 km

j.	**Does walk increase your pain** ☐ Yes ☐ No
k.	**Have you taken any X-ray or MRI** ☐ Yes ☐ No If yes, attach the diagnostic details.
l.	**What is your pain intensity now in a scale of 10 which represent the maximum knee pain you expeirnced** 0 ⟷ 10

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Back Pain

Camp Record No:

Name :	Telephone No.
Date of Joining the camp:	

	Pain Intensity 0 – 10	**Swelling**	**Stiffness**	**Flexibility**	**Distance walking without pain**
Aug 2011					