

**3 DIMENSIONAL HEALTHCARE PROGRAM FOR HEALTHY MIND, HEART & BODY**  
**(HEALTHY & HAPPY LIFESTYLE PROGRAM FOR PREVENTION OF ANGINA & HEART ATTACKS)**  
**A PROJECT OF J. WATUMULL GLOBAL HOSPITAL & RESEARCH CENTRE,**  
**&**  
**RERF, PRAJAPITA BRAHMA KUMARI ISHWARIYA VISHWA VIDYALAYA, ABU**  
 Shantivan - 307 510, Abu Road (Raj.) India, Ph: (91) 02974 – 228880, 228600, Fax: 228880, 228670,  
 Email: 3dhealthcare@gmail.com, [smbmhealheart@gmail.com](mailto:smbmhealheart@gmail.com), Website: [www.3dhealthcare.org](http://www.3dhealthcare.org)

Name: \_\_\_\_\_ Son/daughter/ wife of \_\_\_\_\_  
 First name Middle name Surname

Present address: \_\_\_\_\_ Sex/ Age: \_\_\_\_\_ Dt. of birth: \_\_\_\_\_  
 \_\_\_\_\_ Profession: \_\_\_\_\_  
 \_\_\_\_\_ Education: \_\_\_\_\_

P/O: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Language Known: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ Name of (wife/ husband): \_\_\_\_\_

Phone: S. T. D. code \_\_\_\_\_ (Res): \_\_\_\_\_

(Off): \_\_\_\_\_ Mobile: \_\_\_\_\_ (Fax): \_\_\_\_\_

Email: \_\_\_\_\_ (PP phone): \_\_\_\_\_

**CLINICAL DETAILS:**

Height: \_\_\_\_\_ in centimeters Weight: \_\_\_\_\_ in kg. Usual B. P.: \_\_\_\_\_

Coronary angiography: Date: \_\_\_\_\_ CAD status: SVD, DVD, TVD \_\_\_\_\_

Ejection fraction (EF %) \_\_\_\_\_ last date of Echo: \_\_\_\_\_ TMT: \_\_\_\_\_

Have you suffered from heart attacks? If yes; Number of heart attacks: \_\_\_\_\_

Dates of heart attack: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If thrombolysed therapy used, (✓) in which heart attack: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Have you undergone Angioplasty (PTCA)? If yes date: \_\_\_\_\_

Have you undergone by-pass surgery (CABG)? If yes date: \_\_\_\_\_

Are you suffering from: (Kidney/ Liver/ Lungs/ Knee joints) / any other diseases?

If yes; mention which: \_\_\_\_\_ since \_\_\_\_\_

If you are suffering from kidney disease, Present Serum creatinine level: \_\_\_\_\_ Report dated: \_\_\_\_\_

Sl. no	RISK FACTORS	YES/NO	From which Month/ year
1	SYMPTOMS OF CAD DETECTED IN		
2	HYPERTENSION (BLOOD PRESSURE)		
3	DIABETES DETECTED IN		
4	SMOKING		
5	HIGH CHOLESTEROL		
6	LACK OF PHYSICAL ACTIVITY		
7	FAMILY HISTORY OF CAD (any blood relative suffered from CAD) (✓)	Mother, Father, Brother, Sister, Uncle, Aunt	

Who referred you to this program (Name Address & Ph): .....

**BRIEF CASE SUMMARY (Written by the participant in Hindi/English)**

Details of heart disease: .....

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Present symptoms: .....

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1. Distance able to walk (more than 110 steps/ minute) at a stretch without developing chest pain (angina), breathlessness, palpitations etc. \_\_\_\_\_ (in Kilometers).
2. Number of stairs able to climb without any symptoms like chest pain, breathlessness, palpitation etc.  
Please (✓) 10, 20, 30, 40, 50, 60 . . . . \_\_\_\_\_
3. Number of episodes of chest pain (angina) in one week. 1, 2, 3, 4, 5, 6, 7, 8 . . . . \_\_\_\_\_
4. Number of Sorbitrate tablets/ Nitroglycerin spray (NTG) required to relieve chest pain (angina) in one week:  
1, 2, 3, 4, 5, 6, 7, 8, 9, 10 . . . . \_\_\_\_\_

Use of tobacco/ smoking (Yes/No)\_\_\_\_\_ If yes, Since \_\_\_\_\_ yrs Quantity/ day: \_\_\_\_\_  
If yes type: Bidi, Cigarette, Hukka, Pan masal, Gutka, Jarda If discontinued, Since \_\_\_\_\_ yrs/ mths

Non-vegetarian (Yes/ No) \_\_\_\_\_ If yes, frequency \_\_\_\_\_ /week If discontinued, Since \_\_\_\_\_ yrs/ mths.

Alcohol (Yes/No) \_\_\_\_\_ If yes quantity/ day: \_\_\_\_\_ /ml If discontinued, Since \_\_\_\_\_ yrs/ mths

Tea/Coffee (Yes/No) ----- If yes cups/ day. ----- If discontinued, since ----- Yrs/mths

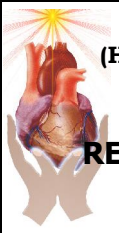
**PRESCRIBED TREATMENT PRESENTLY TAKING:**

SL	NAME OF MEDICINE	DOSE IN milligrams (mg)	No. of times in a day
1			
2			
3			
4			
5			
6			

DATE: \_\_\_\_\_

**Signature of the patient**

**For correspondence please contact:** Dr. Satish Kr. Gupta, M.D (Med.), FCCP, FIAE, FIMSA,  
CAD Project Co-ordinator, RMM Global Hospital & Trauma Centre, P/O Shantivan - 307510, Abu Road (Raj.)  
Ph: (91) 02974 – 228880, 228600, Fax: 228880, 228670,



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## INSTRUCTIONS TO FILLUP REGISTRATION FORM

**PLEASE FILL THE FORM IN ENGLISH/ HINDI IN CLEAR HANDWRITING**

**Check list: Please attach the photocopy of following reports along with registration form.**

1. Photostat copy of Angiography report (Carried out within last one year)
2. 2 D Echo (Colour Doppler) report; TMT report if carried out
3. Present prescription of medicine you are taking
4. ECG report (Last month)
5. Reports of bypass surgery or angioplasty if you have undergone
6. Self addressed envelop with five rupees stamp

**Under following conditions one can not join the program:**

1. Any intervention procedure eg. angioplasty or bypass surgery within last three months. 2. Patients suffered from acute coronary syndrome eg. heart attack or unstable angina within last 3 months. 3. Patients suffering from severe osteo-arthritis of knee joints which creates difficulty in walking. 4. Patients suffering from acute or chronic kidney disease (Serum creatinine more than 1.2 mg/dl). 5. Cartography reports not accepted. congenital heart diseases, rheumatoid heart disease, hole in heart, valvular diseases, and dilated cardiomyopathy etc. type of diseases are not addressed in this program. For this patients can take appointment on phone to visit to the OPD of Global Hospital at Shantivan, Abu Road.

- Note:** You will be provided accommodation & food during your stay. Spouse is invited along with the participant. If spouse can not participate due to unavoidable circumstances, one attendant is compulsory to accompany with the participant.
- Your participation in this 3 D Healthcare Program for Healthy Mind, Heart & Body is totally voluntary.
  - This cardiac rehabilitation program is not alternative to the present mode of management, but is complementary. Please continue to take your treatment as per advice of your physician/ cardiologist.
  - No formal fee for participating in this program but voluntary contribution (in favor of GHRC CAD Project) is acceptable. Your contribution is income tax deductible u/s.80-G/ 35AC.

**Permission to attend the program** will be given only after review of your reports by the reviewing committee. You will be informed of your participation in due course of time.

**Note:** We do not accept reports by fax/email; Kindly send photocopies of the reports along with the registration form to us on the address mentioned below:

Dr. Satish Gupta, M.D (Med.), FCCP, FIAE, FIMSA,  
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