[Clinic name]
[Doctor name, qualification] · [Address] · [Phone]

Panchakarma Therapy Record Sheet

Patient: _____ OPD / IPD No.: _____ Age / Sex: _____

Diagnosis: _____ Prakriti: _____ Consent signed on: _____

Course (therapies): _____ Start date: _____ Planned sessions: _____

Day	Date	Therapy	Oil / medicine and quantity	Time (min)	Pulse / BP before	Pulse / BP after	Patient response	Therapist

Complications or adverse events (what happened, what was done)

Instructions at the end of the course (diet, rest, Samsarjana Krama, follow-up date)

Doctor's signature: _____ Date: _____

Free template from the AyurHealthPlus blog. One row per session. The doctor decides each therapy and its details.