

Muvva Clinic

Case Sheet

1. Preliminary Data

Case Number
Name
Age
Sex
Male
Address
Contact No
Occupation
Date
2025-09-10
Marital status
Married
Religion

2. Chief Complaints

3. History of Present Illness

4. Past Medical History

5. Family History

6. Personal History

Appetite: Thirst (quantity/frequency/type): Cravings: Aversions: Bowel Habits: Urine: Sleep: Dreams: Perspiration (location, amount, odour, stains): Thermal Reaction (Hot/Chilly): Habits (alcohol, tobacco, etc.): Sexual History (if relevant):

7. Menstrual / Obstetric History (for female patients)

Menarche age: Cycle (duration, regularity): Flow (amount, duration, color, clots): Menopause (if applicable): Obstetric History: Gravida: Para: Abortions: Full-term deliveries:

8. Mental Generals / Psychological Profile

9. General Physical Examination

Built (Lean, obese, well-nourished, etc.): Height: Weight: Pulse: BP: Temperature: Respiration: Pallor / Cyanosis / Edema / Icterus / Clubbing / Lymphadenopathy: Tongue, nails, skin observations:

10. Systemic Examination

Respiratory System: Cardiovascular System: Gastrointestinal System: Genitourinary System: Nervous System: Locomotor System:

11. Investigation Reports

12. Diagnosis (Provisional/Final)

Allopathic diagnosis (if applicable): Miasmatic Diagnosis (Psora/Sycosis/Syphilis/Tubercular):

13. Totality of Symptoms

14. Repertorization (if done)

15. Final Prescription

Chosen Remedy: Potency: Repetition: Basis of prescription (Constitutional/Acute/Intercurrent, etc.):

16. Follow-up date