**POORNIMA AYURVEDIC MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, RAICHUR**

**IPD CASE SHEET**

**Name: UHID No:**

**Age: OP NO:**

**Gender: IP NO:**

**Occupation: Ward:**

**Address: Department:**

**Contact No: Bed No:**

**DOA: Time: DOD: Time:**

**Treating Doctor:**

**Present Complaints with Duration:**

**Associated complaints:**

**Past History (medical illness):**

**Personal History:(Known allergy/addiction)**

Obs & Gyn History: (Applicable for female patients only)

**Previous Drug/Medicine History**

**Family History:**

**General Examination:**

Ht: Wt: BMI: Pulse: RR: BP:

**Pariksha**

**Dasavidha Pariksha:**

**Prakriti:**vata/pitta/kapha **Vikruti:**Vata/Pitta/Kapha

**Sara:**Uttam/Madhyam/Avara **Samhanana:**Uttam/ Madhyam/Avara

**Pramana:**Uttam/ Madhyam/Avara **Satmya**:Uttam/ Madhyam/Avara

**Satva**: Uttam/ Madhyam/Avara **Ahara Shakti**: Pravara/Madhyam/Avara

**Vyayam Shakti**:Pravara/Madhyam/Avara **Vaya**:Uttam/ Madhyam/Avara

**Asthasthana Pariksha:**

Nadi :Vataja, Pittaja,Kaphaja. Mootra: 4-5 times/day (Prakruta/Aprakruta)

Mala:Prakruta/Aprakruta Jivha:Leepthata/Aleepthata

Shabda: Prakruta/Aprakruta Sparsha:Anushanasheeta

Drika: Prakruta/Aprakruta Akruti: Madhyama

**Systemic Examination**

* Respiratory System-
* CVS:
* CNS:

**Local Examination:**

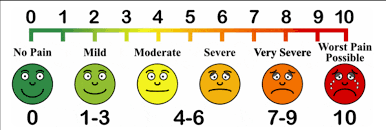
**Sampraptighataka:**

Dosha- Srotho dushti: Vyaktasthana:

Dushya: Udhabavasthana: Vyadibheda:

Srothas: Sancharastana: Sadhyaasadhyatha:

**Pain Assessment(applicable only for pain predominant cases):**



**Investigations(if any):**

**Provisional Diagnosis/Final Diagnosis**

**Screening for Nutritional Needs:**

**Nutritional Status: Normal/mild malnutrition/moderate malnutrition /severe malnutrition.**

**Treatment Plan/Care of Plan:**

**Preventive aspects :PathyaApathya/NidanaParivarjana (if any):**

**Rehabilitation-Physiotherapy/Rasayana/Apunarbhav**

**Desired outcome:**

**Doctor Name, Signature with date and Time**