

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

OPD SHEET

Patient Name: {{patient\_name}} UHID No: {{uhid}}

OP No: {{op\_no}}

Age: {{age}} yrs

Gender: {{gender}} Contact No:{{contact}}

Address: {{address}} Doctor:{{doctor\_name}}

Department:{{department}}

* Chief Complaints:

{{chief\_complaints}}

* Associated Complaints:

{{associated\_complaints}}

* Past History:

{{past\_history}}

* Personal History:

{{personal\_history}}

* Allergy History:

{{allergy\_history}}

* Family History:

{{family\_history}}

* Obs & Gyn Histroy: (Applicable for female patients only)

{{obs\_gyn\_history}}

* Examination:
* General Examination

Ht: {{height}} Wt: {{weight}} BMI: {{bmi}} Pulse: {{pulse}} RR: {{rr}} BP: {{bp}}

* Systemic Examination
* Respiratory System-

{{respiratory\_system}}

* CVS:

{{cvs}}

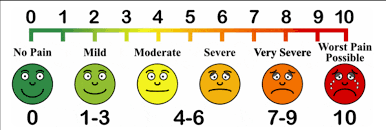
* CNS:

{{cns}}

* Local Examination

{{local\_examination}}

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



**{{pain\_assessment}}**

* **Investigations(if any):**

**{{investigations}}**

* **Provisional Diagnosis/Final Diagnosis**

**{{diagnosis}}**

* **Screening for Nutritional Needs:** 
  + **Nutritional Status: Normal/mild malnutrition/moderate malnutrition /severe malnutrition.**

**{{nutritional\_status}}**

* **Treatment Plan/Care of Plan:**

**{{treatment\_plan}}**

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

**{{preventive\_aspects}}**

* **Rehabilitation-Physiotherapy/Rasayana/Apunarbhav**

**{{rehabilitation}}**

* **Desired outcome:**

**{{desired\_outcome}}**

**{{doctor\_name}} , {{date\_time}}**

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