Name of	Name of college				
Garbhini	Garbhini (Antenatal) Examination Form				
PARTICULARS OF THE PATIE	NT:				
Name: Age:		Sr. No. Date:			
Caste:		OPD No.			
Religion:		IPD No.			
Address:		Bed No.:			
		D.O.A.: D.O.D.:			
Occupation:		Diagnosis:			
Education:		Result:			
Socio-economic Status:					
Marital Status:					
1. Prashna Pariksha(History):					
Duration of Amenorrhoea:					
Chief Complain with duration : (1)	2)				
Rajovritta (Past Menstrual History):	Regular / Irregular Interval Quantity Colour Odour Character of flow: w	Duration Painful/Painless atery/clots//other			
L.M.P (Last Menstrual Period):					
E.D.D (Expected date of Delivery):					

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Prasava Vri	tta(Obstetric	History):			
G (Gravida)	- P (Parity)	- A (Abortic	on) - L (Live)	- D (Deat	h)-
Male		Fema	le		
Garbhasrava	/ Garbhapata (A	Abortion):			
Last abortion	1 —				
Total Prasav	a:				
Year of	Nature of	Garbhini	Prasava	Time of	Sutikavastha
Prasava	Prasava	Complication	Complication	Prasava	Normal/Abnormal
Family Hist	: Medical Hist Surgical His	tory			
1) Diet (Typ	e and Quantit	y)			
Mixe	d/Vegetarian -				
Details of dietary articles -					
2) Addiction	- Tea / coffee/	tobacco chewin	g/ smoking/ alco	ohol/ other	
Quan	atity/ da	y Durat	ion Yrs.		
3) Sleep					
4) Rest					
5) Dreams					

6) Exercise

7) Urination

8) Defecation

9) Flatus

Comonal	Errom	ain a	tian.
General	cxan	Ша	uon:

Built: Obese/ Average/ Thin Nutrition: Good/ Average/ Poor

Tongue: Eyes: Neck: Oedema of Legs:

Specific:

Weight: kg. Height: cm.

Shadanga Parikshana: Inspection: Palpation: Auscultation:

Shirah Griva (Head & Neck) -

Madhya Sharira(Trunk)- Chest

Abdomen

Breast

Hasta Pada - (Extremities)-

VITAL DATA:

Pulse: /min. RR: /min. BP: /mm Hg. Temp.: / °F HR: /min.

OBSTETRICAL EXAMINATION:

Abdominal Examination

Inspection:

Skin Condition of Abdomen: Normal/ Abnormal

Any Scar/Marks

Palpation:

F.H. -

Foetal Movement -

Position-

Presenting part –

Lie (Garbha Shayana) -

Auscultation: F.H.S. -

Per Va	ginal Exa	mination:	-					
Breast M	Node Exa	ency:	nation:-	Left			Right	
D /	FII	FIIG	EM	D :::	TT 1	DD	D 1	337 * 1.
Date	FH	FHS	FM	Position	Head	BP	Pulse	Weight
Routin Blood- Urine- Specifi HIV, H	TIGATION TIGATION TO THE TIGAT	gation: igation:						
USG:								

Others-

Line of Treatment of Garbhini:-

Garbhini Treatment:-

Date	Symptoms	Treatment with Anupana, Kala and Matra	Pathyapathya

Signature of Student

Signature of Teacher