

**Gujarat Ayurved University – Jamnagar**

NAVAJAT PARIKSHAN

Name: Age: Sex:  
Mother's Name: Father's Name:  
Address:  
OPD No: IPD No: Date of Admission:  
Students name: Date of Discharge:

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**Natal History:** Date of Birth: Time of birth:

Term:-Full term/ Pre term/ Post term

Type of Delivery: Normal/Abnormal (Episiotomy/ Vaccum/Caesarian)

**(A) NEW BORN EXAMINATION:**

**1. Cry**

**2. APGAR'S Score:** 1 min. after birth 5. Min. after birth

APPEARENCE:

PULSE:

GRIMACE:

ACTIVITY:

RESPIRATION:

**3. Neonatal Primitive Reflexes:**

**4. Anthropometry:**

Weight:

Length:

Head Circumference:

Chest Circumference:

**5. Vitals:**

Temperature

Heart Rate

Resp. Rate

**6. Congenital Anomalies(if any):**

**7. Physical Examination:**

**(a) Shirah:**

Head  
Ear  
Eye  
Nose  
Mouth  
Palate  
Lip

**(b) Koshta:**

Heart  
Lungs  
Liver  
Spleen  
Umbilicus  
Anus  
Urethral Orifice  
Vaginal Orifice

**(c) Shakha:**

Upper extremities:  
Lower extremities:

**B) EXAMINATION DURING DATE OF DISCHARGE:**

General Health:

Breast feeding:

Heart rate:

Temperature:

Urine:

Umbilicus:

**Neonatal Primitive Reflexes:**

Activity:

Weight:

Respiration:

Sleep:

Stool:

Skin:

**Instruction at discharge:**

**SIGN OF STUDENTS**

**SIGN OF TEACHER**

**Gujarat Ayurved University – Jamnagar**

**BALA-RUGNA PARIKSHANA**

Name : Mother's Name :  
Address :  
Age : Sex : Religion : Cast:  
Parent's Edu. & Occu. :  
OPD No.: Date of Admission:  
Student's name: IPD No.: Date of Discharge:

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**CHIEF COMPLAIN: - DURATION**

**HISTORY OF PRESENT ILLNESS:**

**HISTORY OF PAST ILLNESS:**

**FAMILY HISTORY:**

**NUTRITIONAL STATUS (WITH DIETARY HISTORY) – Kshirad / Kshirannad / Annad**

**BIRTH HISTORY:**

Garbhavritta (Antenatal History): - Any Disease / Mother's Diet & Regimen / Healthy

Prasavvrita (Natal History) - Term – Full term/ premature Nature – Normal / Complicated

Navajatvritta (Post- Natal History) – Healthy / Having Complication

**DEVELOPMENTAL MILESTONE:**

Gross Motor

Fine Motor & Adaptive

Personal & Social

Language

Understanding/Toilet training

**VACCINATION HISTORY:**

**PERSONAL HISTORY:**

Kshudha

Nindra

Mala pravruti

Mutra pravruti

Krida(Nature of Play)

Any specific history: Habit/Addiction/Behaviour disturbances

**ANTHROPOMETRY:**

Height/Length:

Weight:

Head Circumference:

Chest Circumference:

Mid Upper Arm Circumference:

Abdomen Circumference:

**VITAL SIGN:-**

Pulse:

Temperature:

Respiration:

**PHYSICAL EXAMINATION:**

**(a)Shirah**

Head

Ear

Eye

Nose

Mouth

Palate

Lip

Teeth

Tongue

Throat

**(b) Kosta**

Heart

Lungs

Liver

Spleen

Umbilicus

Anus

Urethral orifice

Vaginal orifice

**(c) Shakha –** Upper extremities

Lower extremities

**INDRIYA PARIKSHANA:**

Gyanendriya:

Karmendriya:

**Prakriti-**

**Roga Pariksha (Disease Specific Examination)**

**Dosha –** Vata

Pitta

Kapha

**Dushya –** Rasa

Rakta

Mamsa

Meda

Asthi

Majja

Shukra

**Mala –** Purisha Pravriti

Mutra Pravriti

Sweda Pravriti

**DHATU MALA:**

**SAMPRAPTI (PATHOGENESIS) :**

Dosha

Dushya

Srotasa

Srotodushti Lakshana

Adhithana

Agni

**NIDAN PANCHAKA :**

Hetu ( Causes ) :

Purvarupa ( Prodromal symptoms ) :

Rupa ( Symptoms ) :

Upashaya / Anupashaya :

Vyadhivibhedaka Nidana (Differential Diagnosis) :

Vyadhivinishchaya (Diagnosis) :

**Chikitsa:**

**Chikitsa Siddhanta (Line of Treatment)**

**SPECIFIC LINE OF TREATMENT**

<b>Date</b>	<b>Lakshana (Symptoms)</b>	<b>Chikitsa (Treatment)</b>	<b>Pathya-Apathya (Diet &amp; Regimen)</b>
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**Chikitsa Labha(RESET):**

**SIGN OF STUDENT**

**SIGN OF TEACHER**