

Department of Roga Nidana Vikriti Vigyana

College Name: _____

Gujarat Ayurved University, Jamnagar

Short Case History Form

Name: _____ OPD No: _____
Age: _____ Yrs. Gender: M/F DATE: _____
Occupation: _____
Address: _____
Marital Status: _____

Chief Complains with Duration :

1. History of Present illness:

2. Past History:

3. Family History:

4. Personal History:

General Examinations:

Pulse: _____ BP: _____ MM/Hg Temperature: _____ F

Appetite: _____ Sleep: _____

Ashtavidha Pariksha : Nadi _____ Mutra _____ Mala _____

Jihwa _____ Sobda _____ Sparsha _____ Druk _____

Akruti _____

Srotas Parikshana (Involved):

System Examination (Involved):

Investigation Reports (If Any):

Vyadhi Ghatak : Dosha- _____ Dushya- _____ Agni- _____ Ama- _____

Sambhavit Nidana (Provisional Diagnosis):

Student's Signature

Teacher's Signature