Gujarat Ayurved University, Jamnagar

College Name:_____

Karma (Gynaecological Procedure) Form

PARTICULARS OF THE PATIENT:

Name:	Sr. No.	
Age:	Date:	
Cast:	OPD No.	
Religion:	IPD No.	
Address:	Bed No. :	
	D.O.A.:	
	D.O.D.:	
Occupation:	Diagnosis:	
Education:	Result:	
Socio-economic Status:		

Name of Karma:

Duration:

Medicine Used:

Observation:

No.	Symptoms	Procedure Follow up									
	Symptoms & Signs	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th
	before										
	procedure										
	Date										
1											
2											
3											
4											
5											
6											

Detail of Karma(Purva Karma, Pradhan Karma and Paschat Karma)

Signature of Student

Signature of Teacher