DATE	FOLLOW UP	TRETMENT

VCT HOSPITAL (HOMOEOPATHIC)

Vidhyadeep Campus, Anita (Kim), Surat

DATE: _____ UHID NO/OPD NO:_____

+ OPD CASE RECORD +

PATIENT'S NAME :-_____

AGE :- _____ SEX :- _____

ADDRESS :- _____

M/S/W :- _____ OCCUPATION :- _____

DOCTOR'S NAME : _____

➔ CHIEF COMPLAINTS & O D P :-

➔ ASSOCIATED COMPLAINTS :-

➔ PAST HISTORY :-

FAMILY HISTORY :-

PERSONAL HISTORY :-

1. APPETITE
2. THIRST
3. URINE
4. STOOL
5. SLEEP
6. DREAMS
7. CRAVING
8. AVERSION
9. PERSPIRATION
10. ADDICTION
11. THERMAL STATE
12. ALLERGY

FEMALE GYNEC / OBS :-

MIND :-

PHYSICAL EXAMINATION :-

BUILT:
HEIGHT:
WEIGHT:
B.P:
PULSE:
SPO2:
TEMP.:
RR:

TONGUE:
EYE:
SKIN:
FACE:
LIPS:
NOSE:
EAR:
TEETH:

GUMS:
THROAT:
HAIR:
CYNOSIS:
JAUNDICE:
LYMPHNODES:
ANEAMIA:
OEDEMA:

SYSTEMIC EXAMINATION:

1.C.N.S:

2.C.V.S:

3.RS:

4.GIT:

LOCAL EXAMINATION:

1. INSPECTION:
2. PALPATION:
3. PERCUSSION:
4. AUSCULTATION:

DIFFERNTIAL DIAGNOSIS:

REPORTS OF INVESTIGATIONS:

ANALYSIS AND EVALUATION:

TOTALITY OF SYMPTOMS:-

PROVISIONAL DIAGNOSIS:-

DATE	DIAGNOSIS	PRESCRIPTION