Ayurvedic Case Sheet

Ayurveda OPD case paper · BAMS clinic format

Clinic name / letterhead

OPD / Reg. No. _____ **Date** _____ **Next follow-up** _____

Name _____ **Age** _____ **Sex** _____

Mobile _____ **Occupation** _____ **Education** _____

Address _____

⚠ **ALLERGIES (drug / food):** _____ ☐ None known

1. Vitals

Weight _____ **Height** _____ **BP** _____ **Pulse** _____

Temp _____ **SpO2** _____ **RBS / FBS** _____ **BMI** _____

2. Chief complaints (Pradhana Vedana)

Complaint	Duration	Aggravating factors	Relieving factors

Onset & course _____

Treatment already taken _____

3. Past, family & personal history

Past illness / surgery _____

☐ DM ☐ HTN ☐ Thyroid ☐ Other _____

Family history _____

Addictions ☐ Tea ☐ Tobacco ☐ Gutkha ☐ Smoking ☐ Alcohol _____

Menstrual / obstetric history _____

4. Dinacharya & Ahara

Wake-up _____ **Morning drink** _____ **Exercise** _____

Appetite / meal timing _____ **Water intake** _____

Diet ☐ Veg ☐ Non-veg ☐ Stale ☐ Bakery/junk ☐ Viruddha Ahara _____

5. Mala · Mutra · Sweda · Nidra

Mala (bowel) _____ **Mutra (urine) D/N** _____

Sweda (sweat) _____ **Nidra (sleep)** _____

6. Ashtavidha Pariksha

Nadi _____ **Mala** _____

Mutra _____ **Jihva** ☐ Sama ☐ Nirama _____

Shabda _____ **Sparsha** _____

Drik _____ **Akriti** _____

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Name: _____ OPD No.: _____

7. Dashavidha Pariksha

Prakriti _____ **Vikriti** _____

Sara _____ **Samhanana** _____

Pramana _____ **Satmya** _____

Sattva _____ **Ahara Shakti** _____

Vyayama Shakti _____ **Vaya** _____

Agni ☐ Sama ☐ Manda ☐ Tikshna ☐ Vishama **Koshtha** ☐ Mridu ☐ Madhyama ☐ Krura

General & systemic examination _____

8. Nidana (diagnosis)

Dosha _____ **Dushya** _____ **Avastha** ☐ Sama ☐ Nirama _____

Samprapti _____

Ayurvedic diagnosis _____ **Modern diagnosis** _____

Sadhya-Asadhyata _____ **Investigations** _____

9. Chikitsa (treatment)

Chikitsa Sutra _____

#	Aushadhi (formulation)	Dose	Time	Anupana	Duration
1					
2					
3					
4					
5					

Panchakarma / local therapy (days) _____

Pathya (do) _____ **Apathya (avoid)** _____

10. Follow-up

Date	Symptoms	Nadi / Agni	Bowel / Sleep	Wt / Sugar	Changes in treatment

Doctor's name & signature _____ **Reg. No.** _____