

PERSONAL HISTORY:-

- 1) APPETITE
- 2) THIRST
- 3) URINE
- 4) STOOL
- 5) SLEEP
- 6) DREAMS

- 7) CRAVING & AVERSIONS
- 8) PERSPIRATION
- 9) ADDICTIONS
- 10) THERMAL STATE
- 11) ALLERGY
- 12) VACCINATION

PAST HISTORY:-

FAMILY HISTORY:-

- FATHER:-
- MOTHER:-
- BROTHER:-
- SISTER:-

- WIFE:-
- HUSBAND:-
- SON:-
- DAUGHTER:-

MENSES:-

LECORRHOEA:-

O/H:-

MIND:-

PHYSICAL / SYSTEMIC EXAMINATION:-

- | | |
|----------|--------|
| B.P: | C.V.S: |
| PULSE: | C.N.S: |
| S.P.O.2: | R.S: |
| TEMP.: | G.I.T: |
| TONGUE: | LS: |
| WEIGHT: | |

REPORTS OF INVESTIGATIONS:-

H/O PREVIOUS TREATMENT:-

SYMPTOMS FOR REPERTORISATION:-

PROVISIONAL DIAGNOSIS:-