

**CASE TAKING FORM**

Date : \_\_\_\_\_

Name : \_\_\_\_\_ Sex: \_\_\_\_\_ Age : \_\_\_\_\_

Address: \_\_\_\_\_

Occupation : \_\_\_\_\_ Height : \_\_\_\_\_ Weight : \_\_\_\_\_

Chest : \_\_\_\_\_ Married : \_\_\_\_\_ Spouse Name : \_\_\_\_\_

Present Complaints : \_\_\_\_\_

When is the signs and symptoms of the present complaints appear first ? \_\_\_\_\_

\_\_\_\_\_

Which is the side more affected ? \_\_\_\_\_

Appearance of the affected parts : \_\_\_\_\_

When is the disease felt more, time ? \_\_\_\_\_

Feeling of relief comes by : \_\_\_\_\_

**GENERALITIES**

Complexion: \_\_\_\_\_ Face : \_\_\_\_\_

Scalp: \_\_\_\_\_ Head: \_\_\_\_\_ Forehead : \_\_\_\_\_

Eyes: \_\_\_\_\_ Nose: \_\_\_\_\_ Cheeks: \_\_\_\_\_

Hair: \_\_\_\_\_ Lips : \_\_\_\_\_ Ears: \_\_\_\_\_

Skin: \_\_\_\_\_ Nails: \_\_\_\_\_ Appetite: \_\_\_\_\_

Thirst: \_\_\_\_\_ Taste: \_\_\_\_\_ Tongue: \_\_\_\_\_

Throat: \_\_\_\_\_ Neck: \_\_\_\_\_ Stools: \_\_\_\_\_

Urine : \_\_\_\_\_ Abdomen: \_\_\_\_\_ Others: \_\_\_\_\_

Continue from page 1

**CASE TAKING FORM**

Anxious , worried, cheerful, sad, shy , etc ? \_\_\_\_\_

Bad habits, if any? \_\_\_\_\_

Memory : \_\_\_\_\_ Thoughts : \_\_\_\_\_

Mild, yielding or irritable, quarrelsome, jealous, etc.: \_\_\_\_\_

Liking/disliking for sweat/ saltish \_\_\_\_\_ Chilly/Hot \_\_\_\_\_

Liking/disliking for cold/warm food \_\_\_\_\_

Liking/disliking for cold/warm drinks \_\_\_\_\_

What type of season suits best? \_\_\_\_\_

Which type of season is uncomfortable?: \_\_\_\_\_

Which type of season/climate aggravates the disease? : \_\_\_\_\_

Whether likes to remain in closed room or in open air, even if the cold open air? \_\_\_\_\_

\_\_\_\_\_

Any kind of discharge ( indicate either thick , thin , white, yellow, bloody, green, blue,  
Etc) ?

\_\_\_\_\_

History of any previous illness? \_\_\_\_\_

History of TB, Cancer, etc in the family ? \_\_\_\_\_

( both maternal / paternal ) ? \_\_\_\_\_

Continue from page 2

**CASE TAKING FORM**

ADDITIONAL INFORMATION TO BE GIVEN BY THE FEMALE PATIENTS

Menses: (a) When appeared first?: \_\_\_\_\_

(b) Any complaint since then ? \_\_\_\_\_

(c) Present position \_\_\_\_\_

(d) Are they painful and how the pain is relieved ? \_\_\_\_\_

\_\_\_\_\_

(e) What is its colour ? Bright red, dark, brown, black, clotted, etc ? \_\_\_\_\_

\_\_\_\_\_

(f) Complaints during, before and after menses, if any ? \_\_\_\_\_

\_\_\_\_\_

(g) When does it flow more ? \_\_\_\_\_

(h) How long it remains ? \_\_\_\_\_

Leucorrhoea :

(a) Whether thick or thin ? \_\_\_\_\_

(b) Bland or acrid ? \_\_\_\_\_

(c) Cold or hot \_\_\_\_\_ (d) Colour ? \_\_\_\_\_

(d) When does it flow more ? \_\_\_\_\_

Any other information, such as any complaint since last delivery, painful coitus, sexual desire, etc ? \_\_\_\_\_

**TREATMENT PROGRAM**

DATE	MEDICINE PRESCRIBE	DATE	MEDICINE PRESCRIBE

