Gujarat Ayurved University, Jamnagar

College Name:_____

<u>Garbhini (Antenatal) Examination Form</u>

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:	
Marital Status:	

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1. Prashna Pariksha(History) :

Duration of Amenorrhoea:

Chief Complain with duration   : (1)
                                                (2)
                                                (3)

Rajovritta (Past Menstrual History): Regular / Irregular
                                                Interval   Duration
                                                Quantity   Painful/Painless

L.M.P (Last Menstrual Period):

E.D.D (Expected date of Delivery):

Prasava Vritta(Obstetric History):

G (Gravida) -   P (Parity) -   A (Abortion) -   L (Live) -   D (Death)-

Male   Female

Last abortion –

Last delivery-

Chronological order of delivery	Complications during pregnancy	Complications of foetus	Complications during labour	Nature of Delivery Normal/ Abnormal	Sutikavastha Normal/ Abnormal

Past history: Medical History
                        Surgical History
Family History:

Vaiyaktika Vritta (Personal History):

1) **Appetite**

2) **Sleep**

3) **Urine**

4) **Stool**

General Examination:

Built: Obese/ Average/ Thin
Face: Tongue: Eyes: Oedema of Legs:

Specific:

Height   cm.   Temp.

OBSTETRICAL EXAMINATION:

Abdominal Examination (First visit)

Inspection:

Any Scar/Marks

Palpation and Auscultation:
F.H.   –
F.H.S.-
Position-
Head -
Foetal Movement   -
Breast Examination:-

| | Right | Left |

Breast:
        Size:
        Shape:
        Consistency:
        Discharge:

Breast Nipple:

Per Vaginal Examination: -

Weekly Antenatal Examination:-

Date	FH	FHS	FM	Position	Head	BP	Pulse	Weight

INVESTIGATIONS:

Routine Investigation:

Blood-

Urine-

Specific   Investigation:

HIV, HBsAg, VDRL

USG:

Others-

Vaccination:

Line of Treatment of Garbhini:-

Garbhini Treatment:-

Date	Symptoms	Treatment with Anupana, Kala and Matra	Pathyapathya

Signature of Student   **Signature of Teacher**