



SWAMI VIVEKANAND HOMOEOPATHIC HOSPITAL

(Managed by : Smt. V. T. Kevadia & Smt. D. R. Kikani Charitable Trust)

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CASE RECORD (Chronic Case)

Reg. No : OPD/IPD No. : _____

Date : / /20

Personal Data

Name of Patient _____

Age _____ years Sex - Male Female Religion _____ Nationality _____

Name of Father/Husband/Guardian _____

Marital Status - Single Married Widow(er) Live in Relationship

Occupation _____ Income per capita _____ Family size (members living together) _____

Diet - Veg. / Non Veg. / Mixed _____ Dept. : Allied / Homoeo _____

Address _____

Telephone (Res.) _____ (Off.) _____ (Mo.) _____ Email _____

Referred by _____ Attending Physician _____

Diagnosis _____

CASE SUMMARY (To be filled at the end of treatment) :

1. INTERROGATION

1.1. Presenting Complaint(s)

1.1.1. Initial Presentation of Illness

Patients Narration (in the very expression used by him/her)	PHYSICIAN'S INTERROGATION (details regarding symptoms narrated)	PHYSICIAN'S OBSERVATION

1.1.2. Presenting Complaint(s) (Conversion of patient's narration into symptoms chronologically with duration and intensity)

Location & extension (includes tissues, Organs, systems, Extension & Spread, Duration & Frequency)	Sensation (includes pathology)	Modalities (includes < & >)	Concomitants, if any

1.1.3. Associated Complaint(s) (in chronological order with duration)

Location & extension (includes tissues, Organs, systems, Extension & Spread, Duration & Frequency)	Sensation (includes pathology)	Modalities (includes < & >)	Concomitants, if any

1.2. History of Present Illness : (Origin, duration and progress of each symptom in Chronological order along with their mode of onset, probable cause(s), details of treatment and their outcome)

1.3. Past History

Disease/operations/ injury etc.	Age/year in which Occurred	Treatment Taken	Outcome

1.4. Family History :

Relation	Alive/Dead (with age) (put $\sqrt{\quad}$ mark for alive and X for dead)	Illness suffered/ suffering from	Probable cause of death
Father			
Mother			
Brother(s)			
Sister(s)			
Children			
Spouse			
Paternal			
Grandmother			
Grandfather			
Others, if any(blood relation)			
Maternal			
Grandmother			
Grandfather			
Others, if any (blood relation)			

1.5. Personal History :

1.5.1. Accommodation :

1.5.2. Economic Status :

1.5.3. Diet & food habits :

1.5.4. Habits & Addictions :

1.5.5. Hobbies :

1.5.6. Sexual History :

1.5.7. Vaccination/ inoculation (reaction if any) :

1.5.8. History of treatment (Past & current results thereof):

1.5.9. Life space investigations (as perceived by the Interrogator/Physician) :

1.5.9.1. Birth and early development :

1.5.9.2. Behavior during childhood :

1.5.9.3. Education :

1.5.9.4. Adolescence & Psychosexual history :

1.5.9.5. Occupational history :

1.5.9.6 .Marital history :

1.5.9.7. Details of Children :

1.5.9.8. Geriatric history if necessary :

1.5.10. Religious-socio-cultural-political history :

1.5.11.Travel history :

1.6. Gynecological History (if applicable)

1.6.1. Menarche :

Complaints related to Menarche, if any :

Last Menstrual Period :

Details of Menstrual cycle:

Cycle (Regular/ irregular/ & its duration)	Particulars of flow					Complaints		
	Quantity (normal/ profuse/ scanty)	Consistency (fluid/clot/ partly Fluid & clotted)	Color and Stains	Odor	Character acid/ Bland)	Before menses	During menses	After menses

1.6.2. Changes in menstrual cycle

- Early years (first 3-4 years) :
- Before marriage :
- After marriage :
- After pregnancy(ies) :
- Recent :

1.6.3. Climacteric

- Age of menopause :
- Complaints associated with menopause :
- Post-menopausal complaints :

1.6.4. Abnormal discharge(s) per vagina and Leucorrhoea

Particulars of discharge				Relation with menses	Modalities including precipitating factors	Concomitants
Quantity & Consistency	Color and Stains	Odor	Character acrid/ Bland)			

1.6. H/O Gynecological Surgeries : Yes / No

If yes, state the reason :

1.6.6. Contraceptive methods (used/using) :

- Change of contraceptive method(s) and if so, reasons -
- Any complaint from use of contraceptive methods -

1.7. OBSTETRIC HISTORY (if applicable)

1.7.1. Details of pregnancies :

- Total number of pregnancies :
- How many abortions :
- How many stillbirths :
- How many live births :
- How many early childhood deaths :
- How many children presently surviving

1.7.2. Details of deliveries

No.	Period of pregnancy	Complaint during pregnancy/ treatment adopted	Date & nature of labor*	Type of delivery (Home/Hospital Normal/CS/ forceps, episiotomy)	Nature of puerperium	Child			Lactation history
						Birth Weight	Alive or dead	Cause of death	
1st									
2nd									
3rd									

1.8. General Symptoms

1.8.1. Physicals :

Appearance	
Appetite	
Taste	
Thirst	
Food (foods, drinks & others)	
Ailments from Aggravation	
Amelioration	
Aversion	
Craving	

Stool	
Urine	
Sweat	
Sleep	
Dreams	
Thermal reactions	
General modalities	
Tendencies/ Recurrent complaints	
General sensations, complaints and sides of the body	
Suppression of discharges and eruptions; Bad effects of radiation, toxins, inoculation and vaccination, sera, steroids, hormone therapy, antibiotics and analgesics etc.	

1.8.2. Mentals

- **Will**

- Will & emotion including motivation

- ▶ Cause

- ▶ Modalities

- ▶ State

- ▶ Aversions and cravings (excluding for foods and drinks)

- **Understanding and Intellect**

- ▶ Cause

- ▶ Modalities

- ▶ State

- **Memory**

- ▶ Effects on behavior and functions

2. PHYSICAL EXAMINATIONS

2.1. General Examinations

- Conscious / Unconscious _____ General built and nutrition _____
- General appearance (expression, look, decubitus, etc.) _____
- Height _____ Cm. Weight _____ Kg. BMI _____ Anemia _____ Jaundice _____
- Cyanosis _____ Oedema _____ Nails _____ Gait _____
- Skin (Pigmentation, Hair distribution, Warts etc.) _____
- Lymphadenopathy (cervical, axillary, inguinal, etc.) _____
- Blood pressure _____ mm of Hg Pulse _____ /min Temperature _____ Respiration rate _____ /min
- Others _____

2.2. Systemic Examination

System	Findings
Respiratory system	
Cardio-vascular system	
Gastro-intestinal system	
Nervous system	
Genito-urinary system	
Locomotor system	
Others	

2.3 Regional Examination (The physician may examine from scalp to foot, to observe any finding that patient had forgotten to inform like warts, moles, abnormal growth of hair etc.)

3. LABORATORY INVESTIGATIONS & FINDINGS AND SPECIAL INVESTIGATIONS

4. PROVISIONAL DIAGNOSIS

5. DATA PROCESSING

5.1. Analysis of Case

5.1.1. Classification of Symptoms

5.1.2. Evaluation of Symptoms

5.2. Miasmatic Analysis

	Psora	Sycosis	Syphilis	Tubercular
Family history				
Past history				
Mind				
Body				

Miasmatic Diagnosis :

5.3 Totality of Symptoms :

6. SELECTION OF MEDICINE

6.1 Non Repertorial approach

6.2. Repertorial approach

- Selection of appropriate repertory :
- Selection of symptoms for repertorisation

- Conversion of symptoms into corresponding rubrics for repertorisation

- Repertorisation proper

- Analysis of Repertorial result

7. SELECTION OF POTENCY AND DOSAGE

8. PRESCRIPTION

9.GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES:

Follow up :

Date	Change in Symptomatology	Further advise (regarding prescription including justification, general management, investigations etc.)

Date	Change in Symptomatology	Further advise (regarding prescription including justification, general management, investigations etc.)