BHAGAWAN BUDDHA HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
SRINIDHI COMPLEX, MALLATHALLI, BENGALURU – 560 0056

CASE RECORDING FORMAT

(Acute Case)

1. **Name of the Practitioner / Institution / Hospital……………………………………..**

2. **Date…………..** **Regn. No. ………..**

PERSONAL DATA

3. **Name of patient………………………**

4. **Age…….years Sex - Male/ Female Religion………. Nationality**……………

5. **Name of Father/Husband/ Guardian………………………………………………….**

Marital status - Single/Married/Widow(er)/Divorcee/live in relationship

Occupation ……………..……… Income per capita…………………………….

Family size (members living together) ………………………………………………..

Diet – Veg. / Non veg. / Mixed

Address………………………………………………………………………………

……………………………………………………………………………………………..

Telephone (Res.)…………………………………………………..

(Office)……..……………………………

(Mobile)……………………………………..……

Email…………………………………..…………….

Referred by - …………………………………………………

Diagnosis…………………………Attending Physician: …………………….

1. INTERROGATION

1.1 Presenting complaint(s)

Complaints with duration	Location & extension	Sensations/ Character & Pathology	Modalities /Ailments from	Concomitants/ Associated symptoms with duration

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

1.4. Personal History

2. PHYSICAL EXAMINATION:

2.1 General Examinations

- Conscious / unconscious……………......
- General appearance (expression, look, decubitus, etc.)…………………………
- Intelligence and education level……………………………..
- General built and nutrition…………………..
- Height ………. cm, Weight ………… kg & BMI…………………….
- Anemia………….Jaundice…………… Cyanosis………….Oedema…………
- Skin (Pigmentation, Hair distribution, Warts etc. ……………..…)
- Nails ………..……………
- Gait………………………..
- Lymphadenopathy (cervical, axillary, inguinal, etc.)……………………….
- Blood pressure… ….mm of Hg
- Pulse…………….
- Temperature……………..
- Respiration rate..…. / min.
- Others………………..

2.2. Systemic Examination

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

3. LABORATORY INVESTIGATIONS & FINDINGS

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. Totality of Symptoms

6. SELECTION OF MEDICINE (Repertorial / Non Repertorial)

7. SELECTION OF POTENCY AND DOSAGE

8. PRESCRIPTION

9. GENERAL MANAGEMENT AND AUXILLIARY MEASURES

FOLLOW UP

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

BHAGAWAN BUDDHA HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
SRINIDHI COMPLEX, MALLATHALLI, BENGALURU – 560 0056
CASE RECORDING FORMAT
(Chronic Case)

1. Name of the Practitioner / Institution / Hospital…………………………………………..

2. Date…..…………….. **Regn. No. ……………………..**

PERSONAL DATA

3. Name of patient………………………

4. Age……………**years** Sex - **Male/ Female** Religion…………….

Nationality……………

5. Name of Father/Husband/ Guardian…………………….

Marital status - Single/Married/Widow(er)/Divorcee/Live in relationship

Occupation ………………… **Income per capita…………………….**

Family size (members living together) ……………………………………………………..

Diet – Veg. / Non veg. / Mixed

Address……………………………………………..…………………………………………

……..………………………………………………………………………………………

…..…………………………………………………..

Telephone (Res.)…………..…………. (Office)………………….…. (Mobile)………………

Email……………………………………………………………….

Referred by - …………………………………………………

Diagnosis………………………… Attending Physician: …………………….

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

1. INTERROGATION

1.1. 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

1.2. 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.	Disease/operations/injury etc.	Treatment	Outcome

1.4. Family History:

Relation	Alive/Dead (with age) (put √ 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)			

Note: *Add extra rows if required.

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. 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/ and its duration)	Particulars of flow					Complaints		
	Quantity (normal/ profuse/ scanty	Consistency (fluid/clot/ partly fluid and clotted)	Color and Stains	Odor	Character acrid/ 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 and consistency	Color and Stains	Odor	Character (acrid/ bland)			

1.6.5. **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. 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 wt	Alive or dead	Cause of death	
1st									
2nd									

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 appearance (expression, look, decubitus, etc.)…………………………

• General built and nutrition…………………..

• Height ………. cm, Weight ………… kg & BMI…………………….

• Anemia…………Jaundice…………… Cyanosis…………Oedema…………

• Skin (Pigmentation, Hair distribution, Warts……………………)

• Nails ……………………………….……..

• Gait…………………………………

• Lymphadenopathy (cervical, axillary, inguinal, etc.)……………………….

• Blood pressure… ….mm of Hg Pulse……………. 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				

This table is to be filled as per the miasmatic expressions mentioned in chapter 3.

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.)

(source: Handbook on homoeopathy case taking to prescribing, CCRH publication. pg 23, 2015.)