

Name of College with LOGO

AYURVEDACHARYA (B.A.M.S.)

THIRD PROFESSIONAL B.A.M.S.

<< Subject Name >>

(SUBJECT CODE : AyUG-)

JOURNAL /ACTIVITY BOOK

Name of the student :

Institutional Roll No. :

Examination Reg. No. :

Academic Year :

(Name of the College)

(Affiliated to –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrolment Number-_____ has satisfactorily completed the Practicals in (Subject Name) prescribed by the (Name of University) as a part of the Third Professional B.A.M.S. Course.

Examination Seat No.: _____

Sign. of Teacher

Sign. of H.O.D.

Date of Examination- _____

Sign. Of Internal Examiner-_____

Sign. Of External Examiner-_____

JOURNAL /ACTIVITY BOOK

<< Subject name >>

(SUBJECT CODE : AyUG -)

Journal Cum Activity Book

DEPARTMENT OF

<< Name of Department >>

Name of the College

Sl.No	Minimum No of cases to be included as per the following guidelines
1.	Neonatal Case sheet- 03 Cases
2.	Assessment of Growth (Status of Dhatu and Undernourishment)- 04 Cases
3.	Development Disorder Case sheet - 04 cases
4.	Nutritional Case sheet – 04 cases
5.	Sroto Vikara Case Sheet – 10 cases

NEONATAL CASE SHEET

1. Source of history:

Particulars of the neonate

Name:	Sl. No :
Age and Gender:	O.P.D No :
Name of the Mother:	I.P.D N :
Age and occupation :	Bed No :
Name of the father :	D.O.A :
Age and occupation :	D.O.D :
Educational Status:	Address :

Mother :

Father :

Socio economic Status of parents:

2. History

i) Chief complaints:

ii) History of present illness:

3. Family history:

4. Maternal history:

i) Antenatal history-illness/drugs/radiations:

ii) Age of mother: Gravida: Para: Abortion: Live:
Blood group: Weight of mother: Nutritional status:
LMP: EDD: Gestational age:
I. Trimester: II. Trimester: III. Trimester:

5. Birth History

a. Mode of delivery:

1. Vaginal Delivery (spontaneous/ assisted):

Presentation:

Duration of labour:

2. Cesarean section:

Indication:

b. Place of delivery (home/hospital/PHC/nursing home/others):

c. Place of delivery (home/Institutional):

e. Evidence of fetal distress:

d. Complication during delivery (Asphyxia/Nerve injury/ Skeletal injury/Others):

f. APGAR Score at

1 min:

5min:

g. Resuscitation :

5. Postnatal history:

6. Personal history:

a. Cry

b. Feeding:

c. Passage of meconium:

d. Passage of urine:

- e. Activity: Vigorous/ Non vigorous
- f. Pattern of sleep:
- g. Jatakarma Samskara/Prashana:

8. General examination:

1. Anthropometry: Length: Weight: HC: CC: MAC:

2. Vitals: Temp: Respiratory rate: Heart rate: CRT:

3. Head to toe

examination: Skin:

Head & Neck:

Trunk:

Genitalia:

Extremities:

Spine and back:

9. Assessment for Gestational Maturity

i. Scalp hair

ii. Ear cartilage and recoil

iii. Lanugo hairs

iv. Skin

v. Size of breast nodule and color of areola

vi. External genitalia

vii. Sole creases

viii. Others

10. Neurological Examinations

1. General alertness

2. Muscle tone:

a. Posture

b. Limb positive recoil

c. Popliteal angle

d. Scarf sign

3. Joint mobility:

Square window

4. Neonatal reflexes:

a. Sucking

b. Rooting

c. Palmar grasp

d. Plantar grasp

e. Glabellar tap

f. Moro's

11. Systemic examination

R

S

C

V

S

C

N

S

Others

13. Laboratory investigations:

Blood group and Rh type:

Hb%:

Serum bilirubin: Direct

Indirect

Total

CBC

CRP

14. Diagnosis

15. Treatment

i) Chikitsa:

ii) Paricharya:

iii) Advice at the time of Discharge:

SIGNATURE OF THE STUDENT

SIGNATURE OF THE FACULTY

ASSESSMENT OF GROWTH (STATUS OF DHATU AND UNDERNOURISHMENT)

I. Patient Identification Data

- **Name:**
- **Age:**
- **Sex:**
- **Hospital/OP Number:**
- **Date of Admission/Assessment:**
- **Informant & Reliability:**
- **Address & Contact Info:**

II. Presenting Complaint(s)

- **Chief complaints (Duration, Onset)**

III. History of Present Illness

IV. Birth History

- **Antenatal history**
- **Intranatal history**
- **Postnatal history**

V. Developmental History

- **Gross motor**
- **Fine motor**
- **Language**
- **Social**

VI. Nutritional History

- **Type of feeding (exclusive breastfeeding, weaning age, diet pattern)**
- **24-hour dietary recall**
- **Feeding problems**

- **Appetite**

VII. Immunization History

VIII. Family History

- **Consanguinity**
- **Growth pattern in family**
- **Genetic disorders or chronic illnesses**

IX. Socioeconomic History

- **Modified Kuppuswamy Scale / B.G. Prasad scale**
- **Housing, sanitation, parental education, income**

X. Physical Examination

- **General Examination:**
 - Appearance
 - Pallor, icterus, cyanosis, clubbing, lymphadenopathy, edema
- **Vitals:**
 - Temperature
 - Pulse
 - Respiratory Rate
 - BP

XI. Anthropometric Measurements

Parameter

Measurement Percentile / Z-score Interpretation

Weight

XIV. Summary and Growth Assessment

- **Growth Status** (Normal / Stunted / Wasted / Obese, etc.)
- **Developmental Status** (Normal / Delayed)
- **Nutritional Status**
- **Any suspected syndromes or chronic illness**
- **Plan of Management** (if any)

XV. Provisional/Final Diagnosis

XVI. Plan of Action / Recommendations

- Nutritional counselling
- Further investigations (if indicated)
- Follow-up plan

NAME & SIGNATURE OF TEACHER

NAME & SIGNATURE OF STUDENT

DEVELOPMENTAL DISORDER CASE SHEET

PRELIMINARY DATA

Name of the child :

Age :

Date of birth

Religion and Caste

Nationality

Education Level

Mother tongue/Language Spoken

Referred by

Father's Name

Education Level of the Father

occupation

Education Level of the Mother

Occupation

Total family income

Socio Economic Status- Low/middle/high

Locality

Rural/Urban/Slum

Home address

Telephone Number

Email

INFORMANTS DETAILS

Informant's name and relationship with the child

Duration of the contact with the child

Reliability and Adequacy of the information

PRESENTING COMPLAINTS

PREVIOUS INTERVENTIONS

Details of previous interventions

Previous diagnosis if any

Drugs

CHILDHOOD HISTORY

Prenatal history

Natal and neonatal history

Post natal history

Immunization history

DEVELOPMENTAL HISTORY

Gross motor milestones

DEVELOPMENT MILESTONE	ESTBLISHED OR NOT	ESTABLISHED AT
Head holding		
Sit steadily with straight back		
Crawling		
Stand holding furniture		
Walk well without support		
Runs well		
Climb stairs with full coordination		
Jumps on one foot		

Fine motor milestones

DEVELOPMENT MILESTONE	ESTBLISHED OR NOT	ESTABLISHED AT
Follows the moving objects		
Grasp object crudely		
Reaches to grasp		
Transfer object one hand to another		
Clap hands		
Scribbles spontaneously		
Draws circles		
Draws recognizable man		

Language milestone

DEVELOPMENT MILESTONE	ESTBLISHED OR NOT	ESTABLISHED AT
Laugh loud		
Response to name		
Speaks 'mama'		

Understand spoken speech		
Speak about 15 words		
Combines two words		
Simple sentence made		
Define words		

Personal and social behaviour

DEVELOPMENT MILESTONE	ESTABLISHED OR NOT	ESTABLISHED AT
Social smile		
Recognizes mother		
Smiles back mirror image of self		
Resist pulling away of toys and tries to reach		
Echolalia		
Toilet training started		
Can undress and dress with help		
Dresses without supervision		

HANDEDNESS

EMOTIONAL AND BEHAVIOR PROBLEMS

SCHOOL HISTORY

- Attended /Not attended/ Discontinued
- Nature of school- Normal/Special/Integrated/Inclusive/Others
- Address of the school
- Age at joining
- Attendance – Regular/Irregular
- Reasons for irregularity
- Class/ section
- Frequency and reasons for change of schools
- Scholastic performance - Good/Never failed/Average/Below average/Poor/Failed
- Peer group adjustment
- Teachers report
 - Scholastic performance- Good/fair/Poor/Not known
 - Class Room Behavior- Favorable/unfavorable/Not known

SENSORY AND PHYSICAL EXAMINATION

Sensory behavior

General physical examination

Relevant short systemic examination

AWARENESS AND MISCONCEPTION

EXPECTATIONS

DEPARTMENT OF PHYSIOTHERAPY

DEPARTMENT OF OCCUPATIONAL THERAPY

DEPARTMENT OF SPEECH THERAPY

DEPARTMENT OF PSYCHOLOGY

DEPARTMENT OF SPECIAL EDUCATION

PREDOMINANT DOSHA :

PREDOMINANT DUSHYA:

SAMPRAPTI

UPASAYA AND ANUPASAYA :

PROVISIONAL DIAGNOSIS

MANAGEMENT PLAN

SIGNATURE OF THE STUDENT

SIGNATURE OF THE FACULTY

NUTRITIONAL STATUS ASSESSMENT CASE SHEET

I. Patient Details

- **Name:**
- **Age:**
- **Sex:**
- **OP/IP Number:**
- **Date of Assessment:**
- **Informant (parent/guardian) & Reliability:**
- **Address and Contact Info:**

II. Chief Complaints

III. History of Present Illness

IV. Past Medical History

- Recurrent infections (diarrhea, RURTI, etc.)
- Hospitalizations
- Chronic diseases (e.g., TB, HIV, renal disease)

V. Birth and Developmental History

- Birth weight, gestational age
- Developmental History

VI. Feeding History

- **Breastfeeding:** Exclusivity, duration
- **Bottle feeding:** Frequency, hygiene
- **Weaning:** Age started, types of food introduced
- **Dietary Recall (24-Hour):**

- **Frequency of Meals:**
- **Picky Eating / Feeding Problems:**
- **Appetite:**

VII. Immunization History

- As per National / IAP Schedule
- Vitamin A supplementation – Yes/No

VIII. Family and Socioeconomic History

- Family income and education
- Occupation of parents
- Sanitation, drinking water source
- Housing condition
- Food security

IX. General Examination

- **Pallor**
- **Hair changes (e.g., sparse, discolored)**
- **Skin changes (e.g., dermatitis, depigmentation)**
- **Edema (especially feet)**
- **Visible wasting**

- Oral changes (angular stomatitis, glossitis)
- Eye signs (Bitot's spot, xerosis)

X. Anthropometric Measurements

Parameter	Measurement Reference	Interpretation
Weight	WHO/IAP	
Length/Height	WHO/IAP	
MUAC	<12.5 cm (SAM)	
Head Circumference (for <5 yrs)		
Chest Circumference (for <5 yrs)		
BMI (if >2 years)	WHO growth charts	
Weight-for-age Z-score	WHO	
Height-for-age Z-score	WHO	
Weight-for-height Z-score	WHO	

- Use **WHO Growth Standards (0–5 years)** or **IAP Growth Charts (5–18 years)**
- Classify based on **Z-scores**:
 - Moderate Acute Malnutrition (MAM): WHZ between -2 and -3
 - Severe Acute Malnutrition (SAM): WHZ < -3 or MUAC < 11.5 cm with clinical signs
 - Stunting: HAZ < -2
 - Underweight: WAZ < -2

XI. Systemic Examination

- Any findings suggestive of complications from malnutrition:
 - **CNS:** Irritability, apathy
 - **Abdomen:** Hepatomegaly (Kwashiorkor)
 - **Cardiac:** Tachycardia, hypotension
 - **Respiratory:** Signs of infection

XIV. Management Plan

- **Dietary counselling**
 - Ahara niyamas
 - Ahara prescription
- **Micronutrient supplementation:**
- **Medical treatment:**
 - Deepana drugs
 - Pachana drugs
 - Krimihara drugs
 - Brimhana drugs
 - Rasayana drugs
- **Follow-up schedule**
- **Referral to NRC (Nutritional Rehabilitation Centre) if required**

XV. Summary and Remarks

- Final Nutritional Diagnosis
- Risk factors identified
- Recommendations for caregiver

SIGNATURE OF THE STUDENT

SIGNATURE OF THE TEACHER

SROTO VIKARA CASE SHEET

PRELIMINARY DATA :

Name of the child :

Age :

Name of the Parent:

Address of Parent :

Religion & Caste:

Occupation of Parent :

Monthly income :

Informant and His/her reliability:

Ward :

Bed :

Date of Admission :

UHID

Contact Number

Date of Discharge :

Presenting Complaints & Duration:

History of Present illness:

Past medical History

Birth History :

1. Antenatal :

2. Natal:

3. Postnatal:

Developmental History

Family History :

Social History :

Nutritional History :

Immunization History :

Personal History:

Diet

Appetite:

Bowel:

Micturition:

Sleep:

EXAMINATION :

GENERAL PHYSICAL EXAMINATION:

Vital signs

Temp: Pulse : BP : HR: RR:

ANTHROPOMETRY :

Weight : Height : HC: CC: Span : US/LS ratio:

MUAC

GENERAL APPEARANCE

Nutritional status

Pallor

Cyanosis

Jaundice

Clubbing

Edema

DETAILED PHYSICAL EXAMINATION :

Head and Face :

Mouth and Throat :

Cry/Voice:

Skin/ mucous membrane :

Hair /Nail :

Lymph nodes :

Eyes

Ear

Nose

Teeth

Tongue

Neck

Chest

Abdomen :

Extremities :

External genitalia

SYSTEMIC EXAMINATION

VIKRUTI PAREEKSHA :

FACTOR	OBSERVATION	MAJOR DOSHA
TWAK		
KOSTHA		
AGNI		
MOOD/TEMPERMENT		
TALKING STYLE		
USUAL AFFINITY & USAGE OF RASA		

ADVICE ON DISCHARGE :

DISCHARGE MEDICINE :

APATHYA AHARA AND VIHARA:

PATHYA AHARA AND VIHARA:

NAME & SIGNATURE OF TEACHER

NAME & SIGNATURE OF STUDENT