



MCM Peshawar



Budni Road, Yaseen Abad, Peshawar



091-2614151 / 091-2614174



4th PROFESSIONAL MBBS

Obstetrics & Gynaecology Logbook-2026

STUDENT DETAILS					
Student Name:	Gender:	M		F	
Email address:					
Roll No:					
Batch:					

OBSTETRICS

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN

 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete physical examination, with detailed examination of the involved organ System					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					HOD/Focal Person Signature
			A	B	C	D	E	
1.		History taking from a patient in medical unit						
2.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
3.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
4.		Pulse Oximeter placement						
5.		Nasogastric tube insertion						
6.		Foley`s catheter insertion						
7.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify)						

Doctor's Signature:.....

Name:.....

OBSTETRICS

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN
 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
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4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					HOD/Focal Person Signature
			A	B	C	D	E	
8.		History taking from a patient in medical unit						
9.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
10.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
11.		Pulse Oximeter placement						
12.		Nasogastric tube insertion						
13.		Foley`s catheter insertion						
14.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify)						

Doctor's Signature:.....

Name:.....

OBSTETRICS

4th Professional MBBS

Date of admission:

Time of admission:

Source of Admission:

Emergency Dept. ☐

Clinic ☐

Other: _____

Patient Details

Marital status:

Single ☐

Married ☐

Widowed ☐

Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____

Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN

 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete physical examination, with detailed examination of the involved organ System					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level					HOD/Focal Person Signature
			A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					
			A	B	C	D	E	
15.		History taking from a patient in medical unit						
16.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
17.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
18.		Pulse Oximeter placement						
19.		Nasogastric tube insertion						
20.		Foley`s catheter insertion						
21.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify						

Doctor's Signature:.....

Name:.....

OBSTETRICS

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN
 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level					HOD/Focal Person Signature
			A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					
			A	B	C	D	E	
22.		History taking from a patient in medical unit						
23.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
24.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
25.		Pulse Oximeter placement						
26.		Nasogastric tube insertion						
27.		Foley`s catheter insertion						
28.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify						

Doctor's Signature:.....

Name:.....

OBSTETRICS

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

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Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
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MENSTRUAL HISTORY:

Menarche: _____

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Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

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- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN
 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
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3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
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Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level					HOD/Focal Person Signature
			A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					
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29.		History taking from a patient in medical unit						
30.		General physical examination						
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		• BP						
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31.		Systemic examination						
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		• Respiratory system						
		• Nervous system						
		• Other (specify)						
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34.		Foley`s catheter insertion						
35.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
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		• Joint fluid:						
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Doctor's Signature:.....

Name:.....

OBSTETRICS

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

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Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

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MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
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- ☐ Hepatitis/HIV
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- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

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Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN

 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
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4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level					HOD/Focal Person Signature
			A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					
			A	B	C	D	E	
36.		History taking from a patient in medical unit						
37.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
38.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
39.		Pulse Oximeter placement						
40.		Nasogastric tube insertion						
41.		Foley`s catheter insertion						
42.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify						

Doctor's Signature:.....

Name:.....

OBSTETRICS

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission:

Emergency Dept. ☐

Clinic ☐

Other: _____

Patient Details

Marital status:

Single ☐

Married ☐

Widowed ☐

Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____

Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN
 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete physical examination, with detailed examination of the involved organ System					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level					HOD/Focal Person Signature
			A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					
			A	B	C	D	E	
43.		History taking from a patient in medical unit						
44.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
45.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
46.		Pulse Oximeter placement						
47.		Nasogastric tube insertion						
48.		Foley`s catheter insertion						
49.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify						

Doctor's Signature:.....

Name:.....

Gynaecology

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN

 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete physical examination, with detailed examination of the involved organ System					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level					HOD/Focal Person Signature
			A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					
			A	B	C	D	E	
50.		History taking from a patient in medical unit						
51.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
52.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
53.		Pulse Oximeter placement						
54.		Nasogastric tube insertion						
55.		Foley`s catheter insertion						
56.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify						

Doctor's Signature:.....

Name:.....

Gynaecology

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN

 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete physical examination, with detailed examination of the involved organ System					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

Gynaecology

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN
 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete physical examination, with detailed examination of the involved organ System					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level					HOD/Focal Person Signature
			A: Observer status	B: Assistant status	C: Performed part of the procedure under supervision	D: Performed whole procedure under supervision	E: Independent performance	
			A	B	C	D	E	
57.		History taking from a patient in medical unit						
58.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
59.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
60.		Pulse Oximeter placement						
61.		Nasogastric tube insertion						
62.		Foley`s catheter insertion						
63.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify)						

Doctor's Signature:.....

Name:.....

Gynaecology

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN
 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete physical examination, with detailed examination of the involved organ System					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

Gynaecology

4th Professional MBBS

Patient Name: _____

Age: _____ PRG#: _____

Ward #: _____

Date of Admission: _____

Date of admission:

Time of admission:

Source of Admission: Emergency Dept. ☐ Clinic ☐ Other: _____

Patient Details

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Duration of Marriage: _____

Occupation of Patient: _____ Occupation of Husband: _____

Address: _____

Postcode: _____

CLINICAL HISTORY

CHIEF COMPLAINTS:

HISTORY OF PRESENTING COMPLAINTS:

OBSTETRICS SYMPTOM REVIEW

Nausea & Vomiting	☐	
Abdominal Pain	☐	
Vaginal Bleeding	☐	
Vaginal Discharges	☐	
Reduced Fetal Movements	☐	
Headache/Visual Disturbance	☐	
Weight loss	☐	
Pruritis	☐	

CLINICAL HISTORY

OBSTETRICAL HISTORY:

Gestation: _____ weeks

Folic Acid pre-conception/ first trimester ☐

Results of any scans: _____

Results of any screening: _____

Planned mode of delivery: Vaginal ☐ C-section ☐

Previous miscarriages: _____ Previous stillbirths: _____

Previous Terminations: _____ Previous ectopic pregnancy: _____

Previous delivery notes:

S. No	Year of Birth	POG	Antenatal Period	Mode Of Delivery	Place of Delivery	Puerperium	Baby Notes				
							Sex	Weight	Feeding	Immunization	Current Status

MENSTRUAL HISTORY:

Menarche: _____

LMP: _____

EDD: _____

Cycle: _____

Flow: _____

Menstrual pain: _____

PAST SURGICAL HISTORY: *(Surgical procedures, etc.)*

CLINICAL HISTORY

PAST MEDICAL HISTORY: *(Hospitalization, Blood transfusion, etc.)*

- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hepatitis/HIV
- ☐ DVT/PE
- ☐ Haemoglobinopathy
- ☐ Autoimmune disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Congenital heart disease

PERSONAL HISTORY: *(Immunization, Smoking, Alcohol, Bowel habits, Contraception etc.)*

HOME SITUATION: *(Joint family, living conditions, carers etc.)*

FAMILY HISTORY: *(Diabetes, Hypertension, Heart Disease, etc.)*

MEDICATION HISTORY:

Including OTC/herbal medications and any recently ceased medications

Medication Name	Dose	Frequency	Formulation	Duration of Treatment

INVESTIGATIONS & MANAGEMENT

DIAGNOSIS:

BASELINE INVESTIGATIONS;

Bedside:

Bloods:

Imaging:

Other:

SPECIFIC INVESTIGATIONS;

ALERTS: MRSA POS / NEG / UNKNOWN

 C. DIFF POS / NEG / UNKNOWN

TREATMENT / OPERATION PLAN:

INVESTIGATIONS & MANAGEMENT

FOLLOW UP - INVESTIGATION FINDINGS AND TREATMENT PLAN PERFORMED:

POST NATAL CARE/INVESTIGATIONS:

ANY COMPLICATIONS:

Doctor's Signature:.....

Name:.....

4th Year OBS/GYne : Mini-Cex

Patient Name:		Diagnosis:			Date:	
Competencies		EXPECTED LEVEL OF COMPETENCE 1. Below Expectation 2. Adequate 3. Excellent			Teacher to sign & date	
History / Exam / Management Plan		Below expectation	Adequate	Excellent	Sign	Date
1	Obtain comprehensive history after introduction and informed consent, asking relevant questions in order to reach a history based differential diagnosis.					
2	Perform complete physical examination, with detailed examination of the involved organ System					
3	Skillfully present patient history, physical examination findings in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and reach a logical conclusion.					
4	Arrange a focused list of differential diagnosis					
5	Prepare a diagnostic plan, selecting investigations appropriate for the Patient.					
Good points						
Suggestions for improvement						
Sign/ Date						

GENERAL OBS?GYNE DEPARTMENT

S. No	Date	Competencies	Level A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					HOD/Focal Person Signature
			A	B	C	D	E	
64.		History taking from a patient in medical unit						
65.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
66.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
67.		Pulse Oximeter placement						
68.		Nasogastric tube insertion						
69.		Foley`s catheter insertion						
70.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify)						

Doctor's Signature:.....

Name:.....

GENERAL OBS? GYNE DEPARTMENT

S. No	Date	Competencies	Level					HOD/Focal Person Signature
			A: Observer status B: Assistant status C: Performed part of the procedure under supervision D: Performed whole procedure under supervision E: Independent performance					
			A	B	C	D	E	
71.		History taking from a patient in medical unit						
72.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
73.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
74.		Pulse Oximeter placement						
75.		Nasogastric tube insertion						
76.		Foley`s catheter insertion						
77.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify						

Doctor's Signature:.....

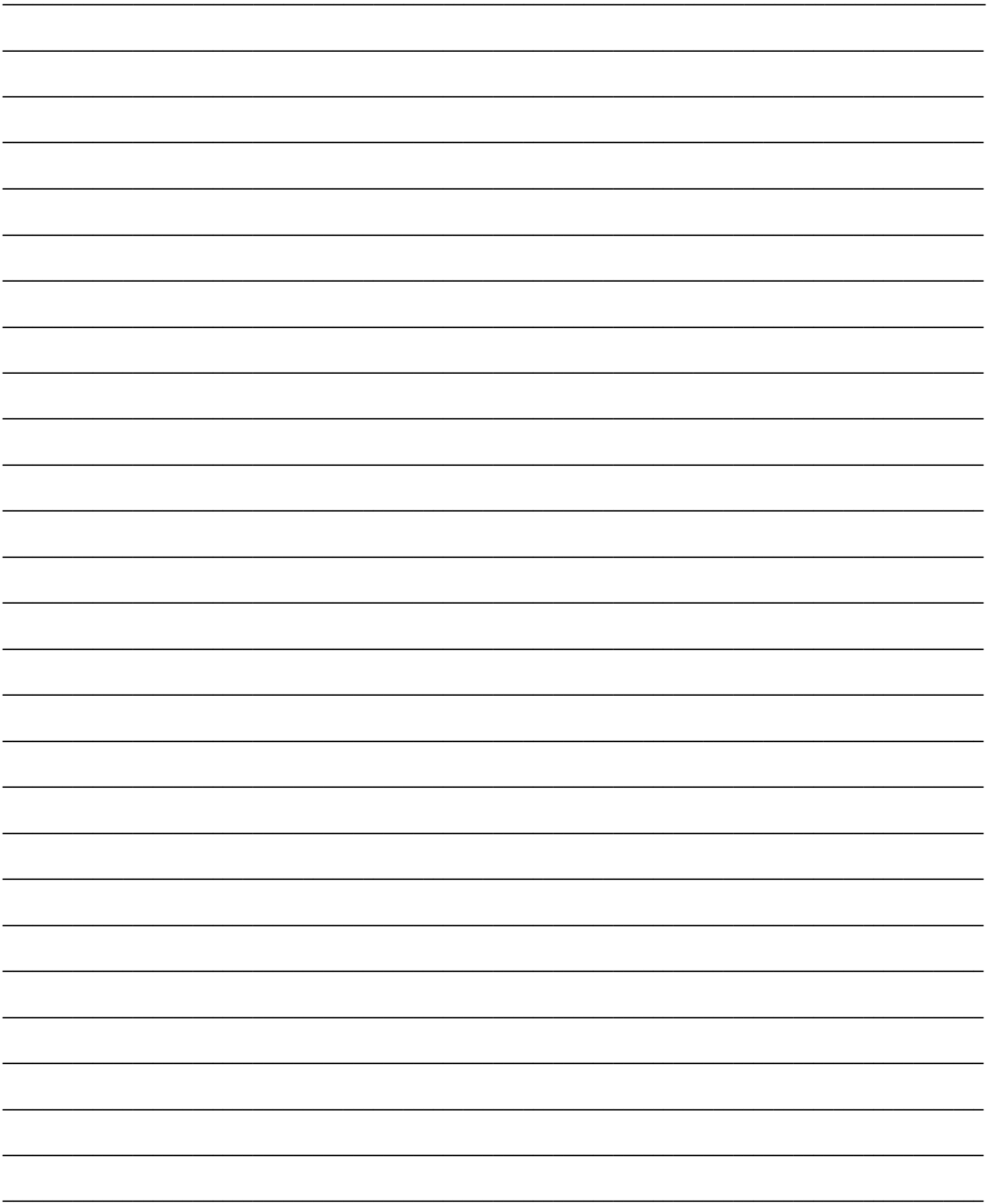
Name:.....

OBS/GYNE CLINICAL PLACEMENT REFLECTION

1. Description of what happened.)

[illegible]

2. What are your reflections & Learning from the experience?



[illegible]

Clinical Placement Feedback

(To be filled by specified departmental personnel)

Name of student: _____

Professional attitude on placement? Y ☐ N ☐

Maintaining Dress Code on placement? Y ☐ N ☐

Progress seen during placement? Y ☐ N ☐

Any feedback, comments, concerns:

HAS STUDENT ATTENDANCE BEEN SATISFACTORY ? YES NO

Supervisor Name:

Signature:

Stamp:

For DME Use;

Name of Student _____

Date of submission of Portfolio _____

Attendance record certificate signed; **Yes/No**

Daily Logs complete: **Yes / No**

Signature of Assistant Professor DME _____