



MCM Peshawar



Budni Road, Yaseen Abad, Peshawar



091-2614151 / 091-2614174



4th Professional MBBS (2026) EYE Logbook

STUDENT DETAILS

Student Name:

Gender:

M

F

Email address:

Roll No:

Batch:

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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	
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:.....

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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:.....

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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:.....

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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:.....

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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	
29.		History taking from a patient in medical unit						
30.		General physical examination						
		• Pulse						
		• BP						
		• Temperature						
		• Respiratory rate						
		• Others (specify)						
31.		Systemic examination						
		• GIT						
		• CVS						
		• Respiratory system						
		• Nervous system						
		• Other (specify)						
32.		Pulse Oximeter placement						
33.		Nasogastric tube insertion						
34.		Foley`s catheter insertion						
35.		Fluid aspirations						
		• Ascitic:						
		• Pleural:						
		• CSF:						
		• Joint fluid:						
		• Others (specify						

Doctor's Signature:.....

Name:.....

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

EYE

4th MBBS 2025-26

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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:.....

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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:.....

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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:.....

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

EYE

4th MBBS 2026

Date:

Time:

Patient Age: _____

Gender: M ☐ F ☐

Patient Name: _____

Date of Birth: ____/____/____

CAP Number: _____

PR #:

Admission Details

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: _____

History Sheet,

Ward: _____

Date: _____

Patient name: _____

Chief Complaints:

History Of Present Illness: (HPE)

Past History: *(Medications, Hospitalization, Surgical procedures, Blood transfusion, Eye ailments)*

Personal history: *(Allergies, Smoking, Alcohol, Bowel habits etc)*

Comorbidities: *(hypertension, diabetes, IHD etc)*

Drug history: *(Anti-hypertensive, Anti-diabetes, X-blocker (Prostatism), Eye drops)*

Social history: *(Joint family, living conditions, overcrowding, hygienic)*

Family History: *(Diabetes, Hypertension, Heart Disease, etc)*

4th Year EYE: 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						

EYE 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:.....

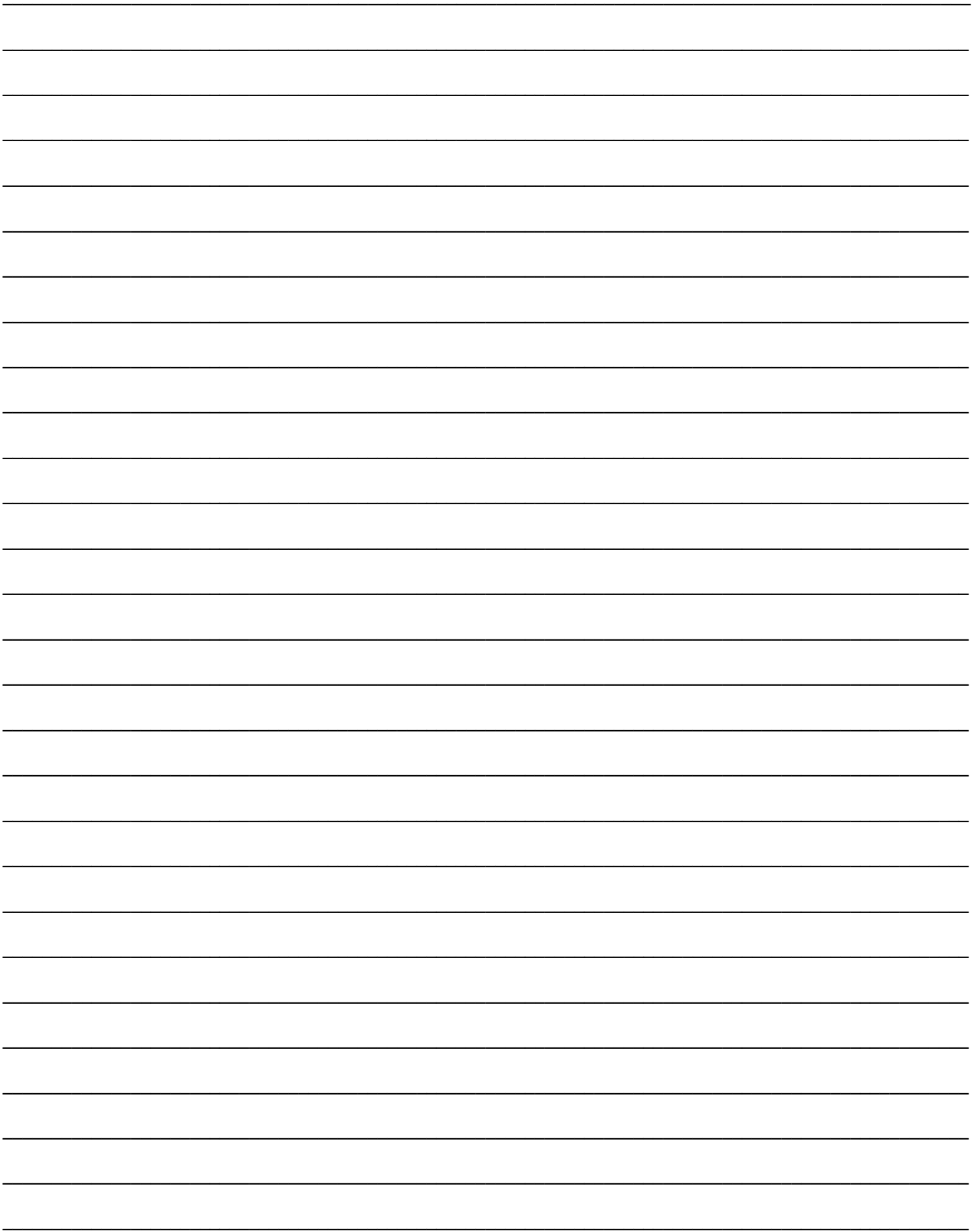
EYE CLINICAL PLACEMENT REFLECTION

1. Description of what happened.)

[illegible]

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

[illegible]



3. Action plan? when I visit a ward again?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 _____