Gynecology & Obstetric Sheet

Name of student :- .....

Date :- ..... **Sheet no :-** .....

Hospital :- ..... **Ward :-** .....

1. Personal History :

- Patient name .....
- Age .....
- Marital Status .....
- Occupation .....
- Address .....
- Date of admission .....
- Diagnosis .....

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2. Present problem :

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- Onset and duration : .....

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- Signs and Symptoms :

❖ Signs	❖ Symptoms
•	• .....
•	• .....
•	• .....
•	• .....
•	• .....

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3. Menstrual history :

- I.M.P .....
- E.D.D .....
- Date of menarche .....

• Pain	Present ( )		not present ( )
• Regularity	regular ( )		irregular ( )
• Amount	Normal ( )	Perfuse ( )	Scanty. ( )

4. Obstetric history :

- G ..... para ..... abortion .....
- Date of last abortion .....
- Date of last delivery .....
- No of living children .....
- No of still births .....

5. Past medical history :

• TB ( )	• Parasitic disease ( )
• Hepatitis ( )	• Sexually transmitted disease ( )
• Hypertension ( )	• Allergies ( )
• D.M ( )	• Other infection .....
• Heart disease ( )	.....

6. Past surgical history :

Operation :

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Date : .....

7. Family history :

• Hypertension	• T.B .....
• D.M	• Cancer .....
• Heart disease	• Other .....

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Nursing diagnosis

Assessment	Nursing diagnosis	Planning	Implementation	Evaluation

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Medication

Name drug	Dose	Route	Time	Drug action	Side effect
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