# LOG BOOK

## for training of 2nd level of Midwifery

## first semester

## 2026-2027

| | |
|---|---|
| Student name | ..... |
| Level of study | ..... |
| Place of training | ..... |
| Trainer name | ..... |
| Supervisor name | ..... |


Prep.

Ass.prof. Fares Mahdi

Designed by

Dr. mohammed AL-yahiri

# Case study sheet (1)

**أيام التدريب** .....

- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

**اسم مشرف التدريب**: .....

**Patient Name:** ..... **Date:** \ \ 2023
**Ward:** ..... **Sheet NO** ..... **Bed No:** : **Room No:**

**ASSESSMENT:**

## A- History

### personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... Address.....
- **Marietal status :** single ☐ married ☐ divorce ☐
- **Habits:** Smoker ☐ Chewing Qat ☐ other .....
- **Educational Level:** .....
- **DOA** …/…/2023

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### Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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### Past History:

☒ **Medical history:**

**D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( ) Blood disorder ( ) Thyroid disorder ( ) Previous hospitalization ( )**

**☒Menstrual history**

- **Age at first period _____yrs.**
- **menstrual flow abnormal Yes ( ) or NO ( ) if yes light() heavy( ) short( ) long( ) painful( ) other _____**
- **feels cramping or pelvic pain with your periods Yes ( ) or NO ( ) Sometimes( ) Recently( ) In the past( ) other _____**
- **have pain with intercourse Yes ( ) or NO ( )**
- **spot or bleed between periods Yes ( ) or NO ( )**
- **have pelvic pain between periods Yes ( ) or NO ( )**
- **have premenstrual symptoms other than cramp**
- **Have medication to bring on a period Yes ( ) or NO ( )**

**Remark ……**
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**……**
**……**

**☒ Pregnancy history**

**Gestational started date …../……/…….**

- **Stage of gestation 1st trimester ☐ 2nd trimester ☐ 3rd trimester ☐**
- **Gestational type normal ☐ ectopic ☐ other _____**
- **How many meals do you usually eat per day? _____**
- **Have you ever been diagnosed with an eating disorder, such as anorexia or bulimia?**
- **Have you ever used self-induced vomiting to control overeating Yes( ) No( )**
- **Do you regularly participate in any vigorous exercise Yes( ) No( )**
- **have acne or oily skin Yes( ) No( )**
- **have a breast discharge Yes( ) No( )**
- **currently breast feeding Yes( ) No( )**
- **maximum weight? _____**
- **feel that you are underweigh Yes( ) No( )**
- **feel that you are overweight? Yes( ) No( )**

**Remark ……**
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**Delivery history**

**oral contraceptives ("Pill")?**

**Name _____**

**From _____ To _____**

**Name _____**

**From _____ To _____**

**Name _____**

**From _____ To _____**

**injectable contraception (Depo-Provera®, Lunelle TM , etc.) Yes( ) N ( )**

**if yes Dates of use_____**

**Complications? _____**

**Have you ever used an IUD? Yes( ) No ( ) if yes**

**Name _____; From _____ To _____**

**Name _____; From _____ To _____**

**Other contraceptive**

**Remark ……**

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☒ **Delivery history**

- **Number of previous normal delivery ( )**
- **Number previous delivery ( )**
- **Last delivery date ( )**
- **Number of sons : Boys ( ) Girls ( ) TOTAL ( )**

**Systems review**

**General appearance and functional abilities**

Clinical Examination:

_____

Clinical: _____ Chest: _____Heart:

_____

B.P: _____Pulse: _____ Temp: _____

General Condition:

_____

**Breasts:**

Discharge: clear __ bloody _ milky
Lumps Pain Cancer
Abnormal mammogram
Reduction
Augmentation/Breast implants
Saline Silicone
Other _____
none

**Gastrointestinal**:

Nausea/Vomiting
Ulcers Hepatitis
Diarrhea
Blood in your stools
Constipation
Irritable Bowel Syndrome
Change in bowel habits
Colitis (Ulcerative or Crohn's)
Other

_____
None

Fetal examination
Stage of development
Sex…….
Position of fetus
Other

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**Ante partum care**

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**Intr- partum care**

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**Post partum care**

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# ملخص الاستفادة من التدريب في الأسبوع الأول

**الحالات التي تم مواجهتها خلال الأسبوع**

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**عدد الحالات التي تم التدرب عليها خلال الأسبوع** (  )

- **عدد حالات مشاهدتها فقط** (  )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** (  )

**عدد الحالات التي تم تنفيذها ك** ( MIDWIFE) **بأشراف المدربة** (  )

**ملاحظات الطالبة المتدربة**

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**اسم المشرفة** .....**التوقيع** .....

# Case study sheet (2)

**أيام التدريب** .....

- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

**اسم مشرف التدريب**: .....

**Patient Name:** ..... **Date:** \ \ 2023
**Ward:** ..... **Sheet NO** ..... **Bed No:** : **Room No:**

## ASSESSMENT:

### A- History

### personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... Address.....
- **Marietal status :** single ☐ married ☐ divorce ☐
- **Habits:** Smoker ☐ Chewing Qat ☐ other .....
- **Educational Level:** .....
- **DOA** …/…/2023

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### Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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### Past History:

☒ **Medical history:**

**D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( ) Blood disorder ( ) Thyroid disorder ( ) Previous hospitalization ( )**

**☒Menstrual history**

- **Age at first period _____yrs.**
- **menstrual flow abnormal Yes ( ) or NO ( ) if yes light() heavy( ) short( ) long( ) painful( ) other _____**
- **feels cramping or pelvic pain with your periods Yes ( ) or NO ( ) Sometimes( ) Recently( ) In the past( ) other _____**
- **have pain with intercourse Yes ( ) or NO ( )**
- **spot or bleed between periods Yes ( ) or NO ( )**
- **have pelvic pain between periods Yes ( ) or NO ( )**
- **have premenstrual symptoms other than cramp**
- **Have medication to bring on a period Yes ( ) or NO ( )**

**Remark ……**
**……**
**……**
**……**

**☒ Pregnancy history**

**Gestational started date …../……/…….**

- **Stage of gestation 1st trimester ☐ 2nd trimester ☐ 3rd trimester ☐**
- **Gestational type normal ☐ ectopic ☐ other _____**
- **How many meals do you usually eat per day? _____**
- **Have you ever been diagnosed with an eating disorder, such as anorexia or bulimia?**
- **Have you ever used self-induced vomiting to control overeating Yes( ) No( )**
- **Do you regularly participate in any vigorous exercise Yes( ) No( )**
- **have acne or oily skin Yes( ) No( )**
- **have a breast discharge Yes( ) No( )**
- **currently breast feeding Yes( ) No( )**
- **maximum weight? _____**
- **feel that you are underweigh Yes( ) No( )**
- **feel that you are overweight? Yes( ) No( )**

**Remark ……**
**……**
**……**
**……**

**☒contraceptive history**

**oral contraceptives ("Pill")?**

**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**

**injectable contraception (Depo-Provera®, Lunelle TM , etc.) Yes( ) N ( )**
**if yes Dates of use_____**
**Complications? _____**
**Have you ever used an IUD? Yes( ) No ( ) if yes**
**Name _____; From _____ To _____**
**Name _____; From _____ To _____**

**Other contraceptive**

**Remark ……**
**……**
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**☒ Delivery history**

- **Number of previous normal delivery ( )**
- **Number previous delivery ( )**
- **Last delivery date ( )**
- **Number of sons : Boys ( ) Girls ( ) TOTAL ( )**

**B- Systems review**

**General appearance and functional abilities**

Clinical Examination:

_____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition:

_____

**Breasts:**

Discharge: clear __ bloody _ milky
Lumps Pain Cancer
Abnormal mammogram
Reduction
Augmentation/Breast implants
Saline Silicone
Other _____
none

**Gastrointestinal**:

Nausea/Vomiting
Ulcers Hepatitis
Diarrhea
Blood in your stools
Constipation
Irritable Bowel Syndrome
Change in bowel habits
Colitis (Ulcerative or Crohn's)
Other_____
None

**Fetal examination**

Stage of development
Sex…….
Position of fetus
Other

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**Ante partum care**

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**Intr- partum care**

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**Post partum care**

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# ملخص الاستفادة من التدريب في الأسبوع الثاني

**الحالات التي تم مواجهتها خلال الأسبوع**

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**عدد الحالات التي تم التدرب عليها خلال الأسبوع** (  )

- **عدد حالات مشاهدتها فقط** (  )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** (  )

**عدد الحالات التي تم تنفيذها ك** ( MIDWIFE) **بأشراف المدربة** (  )

**ملاحظات الطالبة المتدربة**

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**اسم الطالبة** .....**التوقيع** .....

**اسم المشرفة** .....**التوقيع** .....

# Case study sheet (3)

**أيام التدريب** .....

- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

**اسم مشرف التدريب**: .....

**Patient Name:** ..... **Date:** \ \ 2023
**Ward:** ..... **Sheet NO** ..... **Bed No:** : **Room No:**

## ASSESSMENT:

### A- History

### personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... Address.....
- **Marietal status :** single ☐ married ☐ divorce ☐
- **Habits:** Smoker ☐ Chewing Qat ☐ other .....
- **Educational Level:** .....
- **DOA** …/…/2023

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### Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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### Past History:

☒ **Medical history:**

**D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( ) Blood disorder ( ) Thyroid disorder ( ) Previous hospitalization ( )**

**☒Menstrual history**

- **Age at first period _____yrs.**
- **menstrual flow abnormal Yes ( ) or NO ( ) if yes light() heavy( ) short( ) long( ) painful( ) other _____**
- **feels cramping or pelvic pain with your periods Yes ( ) or NO ( ) Sometimes( ) Recently( ) In the past( ) other _____**
- **have pain with intercourse Yes ( ) or NO ( )**
- **spot or bleed between periods Yes ( ) or NO ( )**
- **have pelvic pain between periods Yes ( ) or NO ( )**
- **have premenstrual symptoms other than cramp**
- **Have medication to bring on a period Yes ( ) or NO ( )**

**Remark ……**
**……**
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**☒ Pregnancy history**

**Gestational started date …../……/…….**

- **Stage of gestation 1st trimester ☐ 2nd trimester ☐ 3rd trimester ☐**
- **Gestational type normal ☐ ectopic ☐ other _____**
- **How many meals do you usually eat per day? _____**
- **Have you ever been diagnosed with an eating disorder, such as anorexia or bulimia?**
- **Have you ever used self-induced vomiting to control overeating Yes( ) No( )**
- **Do you regularly participate in any vigorous exercise Yes( ) No( )**
- **have acne or oily skin Yes( ) No( )**
- **have a breast discharge Yes( ) No( )**
- **currently breast feeding Yes( ) No( )**
- **maximum weight? _____**
- **feel that you are underweigh Yes( ) No( )**
- **feel that you are overweight? Yes( ) No( )**

**Remark ……**
**……**
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**☒contraceptive history**

**oral contraceptives (“Pill”)?**
**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**

**injectable contraception (Depo-Provera®, Lunelle TM , etc.) Yes( ) N ( )**

**if yes Dates of use_____**

**Complications? _____**

**Have you ever used an IUD? Yes( ) No ( ) if yes**

**Name _____; From _____ To _____**

**Name _____; From _____ To _____**

**Other contraceptive**

**Remark ……**

**……**

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## ☒ Delivery history

- **Number of previous normal delivery ( )**
- **Number previous delivery ( )**
- **Last delivery date ( )**
- **Number of sons : Boys ( ) Girls ( ) TOTAL ( )**

**B- Systems review**

**General appearance and functional abilities**

Clinical Examination:

_____

Clinical: _____ Chest: _____Heart: _____

B.P: _____Pulse: _____ Temp: _____

General Condition:

_____

**Breasts:**

Discharge: clear __ bloody _ milky
Lumps Pain Cancer
Abnormal mammogram
Reduction
Augmentation/Breast implants
Saline Silicone
Other _____
none

**Gastrointestinal**:

Nausea/Vomiting
Ulcers Hepatitis
Diarrhea
Blood in your stools
Constipation
Irritable Bowel Syndrome
Change in bowel habits
Colitis (Ulcerative or Crohn's)
Other_____
None

**Fetal examination**

Stage of development
Sex…….
Position of fetus
Other

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**Ante partum care**

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**Intr- partum care**

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**Post partum care**

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# ملخص الاستفادة من التدريب في الأسبوع الثالث

**الحالات التي تم مواجهتها خلال الأسبوع**

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**عدد الحالات التي تم التدرب عليها خلال الأسبوع** ( )

- **عدد حالات مشاهدتها فقط** ( )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** ( )

**عدد الحالات التي تم تنفيذها ك** ( MIDWIFE) **بأشراف المدربة** ( )

**ملاحظات الطالبة المتدربة**

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**اسم الطالبة** .....**التوقيع**

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**اسم المشرفة** .....**التوقيع** .....

# Case study sheet (4)

**أيام التدريب** .....

- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

**اسم مشرف التدريب**: .....

**Patient Name:** ..... **Date:** \ \ 2023
**Ward:** ..... **Sheet NO** ..... **Bed No:** : **Room No:**

## ASSESSMENT:

### A- History

### personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... Address.....
- **Marietal status :** single ☐ married ☐ divorce ☐
- **Habits:** Smoker ☐ Chewing Qat ☐ other .....
- **Educational Level:** .....
- **DOA** …/…/2023

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### Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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### Past History:

☒ **Medical history:**

**D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( ) Blood disorder ( ) Thyroid disorder ( ) Previous hospitalization ( )**

**☒Menstrual history**

- **Age at first period _____yrs.**
- **menstrual flow abnormal Yes ( ) or NO ( ) if yes light() heavy( ) short( ) long( ) painful( ) other _____**
- **feels cramping or pelvic pain with your periods Yes ( ) or NO ( ) Sometimes( ) Recently( ) In the past( ) other _____**
- **have pain with intercourse Yes ( ) or NO ( )**
- **spot or bleed between periods Yes ( ) or NO ( )**
- **have pelvic pain between periods Yes ( ) or NO ( )**
- **have premenstrual symptoms other than cramp**
- **Have medication to bring on a period Yes ( ) or NO ( )**

**Remark ……**
**……**
**……**
**……**

**☒ Pregnancy history**

**Gestational started date …../……/…….**

- **Stage of gestation 1st trimester ☐ 2nd trimester ☐ 3rd trimester ☐**
- **Gestational type normal ☐ ectopic ☐ other _____**
- **How many meals do you usually eat per day? _____**
- **Have you ever been diagnosed with an eating disorder, such as anorexia or bulimia?**
- **Have you ever used self-induced vomiting to control overeating Yes( ) No( )**
- **Do you regularly participate in any vigorous exercise Yes( ) No( )**
- **have acne or oily skin Yes( ) No( )**
- **have a breast discharge Yes( ) No( )**
- **currently breast feeding Yes( ) No( )**
- **maximum weight? _____**
- **feel that you are underweigh Yes( ) No( )**
- **feel that you are overweight? Yes( ) No( )**

**Remark ……**
**……**
**……**
**……**

**☒contraceptive history**

**oral contraceptives ("Pill")?**

**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**

**injectable contraception (Depo-Provera®, Lunelle TM , etc.) Yes( ) N ( )**

**if yes Dates of use_____**

**Complications? _____**

**Have you ever used an IUD? Yes( ) No ( ) if yes**

**Name _____; From _____ To _____**

**Name _____; From _____ To _____**

**Other contraceptive**

**Remark ……**
**……**
**……**
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**☒ Delivery history**

- **Number of previous normal delivery ( )**
- **Number previous delivery ( )**
- **Last delivery date ( )**
- **Number of sons : Boys ( ) Girls ( ) TOTAL ( )**

**B- Systems review**

**General appearance and functional abilities**

Clinical Examination:

_____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition:

_____

**Breasts:**

Discharge: clear __ bloody _ milky
Lumps Pain Cancer
Abnormal mammogram
Reduction
Augmentation/Breast implants
Saline Silicone
Other _____
none

**Gastrointestinal**:

Nausea/Vomiting
Ulcers Hepatitis
Diarrhea
Blood in your stools
Constipation
Irritable Bowel Syndrome
Change in bowel habits
Colitis (Ulcerative or Crohn's)
Other_____
None

**Fetal examination**

Stage of development
Sex…….
Position of fetus
Other

**Ante partum care**

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**Intr- partum care**

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**Post partum care**

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# ملخص الاستفادة من التدريب في الأسبوع الرابع

**الحالات التي تم مواجهتها خلال الأسبوع**

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**عدد الحالات التي تم التدرب عليها خلال الأسبوع** (  )

- **عدد حالات مشاهدتها فقط** (  )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** (  )

**عدد الحالات التي تم تنفيذها ك** ( MIDWIFE) **بأشراف المدربة** (  )

**ملاحظات الطالبة المتدربة**

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**اسم الطالبة** .....**التوقيع** .....

**اسم المشرفة** .....**التوقيع** .....

# Case study sheet (5)

**أيام التدريب** .....

- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

**اسم مشرف التدريب**: .....

**Patient Name:** ..... **Date:** \ \ 2023
**Ward:** ..... **Sheet NO** ..... **Bed No:** : **Room No:**

## ASSESSMENT:

### A- History

### personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... Address.....
- **Marietal status :** single ☐ married ☐ divorce ☐
- **Habits:** Smoker ☐ Chewing Qat ☐ other .....
- **Educational Level:** .....
- **DOA** …/…/2023

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### Patient History:

☒ **Chief of Complains**:

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☒ **History of present illness**

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### Past History:

☒ **Medical history:**

**D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( ) Blood disorder ( ) Thyroid disorder ( ) Previous hospitalization ( )**

**☒Menstrual history**

- **Age at first period _____yrs.**
- **menstrual flow abnormal Yes ( ) or NO ( ) if yes**

**light() heavy( ) short( ) long( ) painful( ) other _____**

- **feels cramping or pelvic pain with your periods Yes ( ) or NO ( )**

**Sometimes( ) Recently( ) In the past( ) other _____**

- **have pain with intercourse Yes ( ) or NO ( )**
- **spot or bleed between periods Yes ( ) or NO ( )**
- **have pelvic pain between periods Yes ( ) or NO ( )**
- **have premenstrual symptoms other than cramp**
- **Have medication to bring on a period Yes ( ) or NO ( )**

**Remark ……**

**……**

**……**

**……**

**☒ Pregnancy history**

**Gestational started date …../……/…….**

- **Stage of gestation 1st trimester ☐ 2nd trimester ☐ 3rd trimester ☐**
- **Gestational type normal ☐ ectopic ☐ other _____**
- **How many meals do you usually eat per day? _____**
- **Have you ever been diagnosed with an eating disorder, such as anorexia or bulimia?**
- **Have you ever used self-induced vomiting to control overeating Yes( ) No( )**
- **Do you regularly participate in any vigorous exercise Yes( ) No( )**
- **have acne or oily skin Yes( ) No( )**
- **have a breast discharge Yes( ) No( )**
- **currently breast feeding Yes( ) No( )**
- **maximum weight? _____**
- **feel that you are underweigh Yes( ) No( )**
- **feel that you are overweight? Yes( ) No( )**

**Remark ……**

**……**

**……**

**……**

**☒contraceptive history**

**oral contraceptives (“Pill”)?**

**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**

**injectable contraception (Depo-Provera®, Lunelle TM , etc.) Yes( ) N ( )**
**if yes Dates of use_____**
**Complications? _____**
**Have you ever used an IUD? Yes( ) No ( ) if yes**
**Name _____; From _____ To _____**
**Name _____; From _____ To _____**

**Other contraceptive**
**Remark ……**
**……**
**……**
**……**

**☒ Delivery history**

- **Number of previous normal delivery ( )**
- **Number previous delivery ( )**
- **Last delivery date ( )**
- **Number of sons : Boys ( ) Girls ( ) TOTAL ( )**

**B- Systems review**

**General appearance and functional abilities**

Clinical Examination:

_____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition:

_____

**Breasts:**

Discharge: clear __ bloody _ milky
Lumps Pain Cancer
Abnormal mammogram
Reduction
Augmentation/Breast implants
Saline Silicone
Other _____
none

**Gastrointestinal**:

Nausea/Vomiting
Ulcers Hepatitis
Diarrhea
Blood in your stools
Constipation
Irritable Bowel Syndrome
Change in bowel habits
Colitis (Ulcerative or Crohn's)
Other_____
None

**Fetal examination**

Stage of development
Sex…….
Position of fetus
Other

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**Ante partum care**

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**Intra- partum care**

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**Post partum care**

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# ملخص الاستفادة من التدريب في الأسبوع الخامس

**الحالات التي تم مواجهتها خلال الأسبوع**

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**عدد الحالات التي تم التدرب عليها خلال الأسبوع** (  )

- **عدد حالات مشاهدتها فقط** (  )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** (  )

**عدد الحالات التي تم تنفيذها ك** ( MIDWIFE) **بأشراف المدربة** (  )

**ملاحظات الطالبة المتدربة**

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**اسم الطالبة** .....**التوقيع** .....

**اسم المشرفة** .....**التوقيع** .....

# Case study sheet (6)

**أيام التدريب** .....

- **التاريخ من**: / / **الى** / /
- **مكان التدريب**
- **قسم التدريب**

**اسم مشرف التدريب**: .....

**Patient Name:** ..... **Date:** \ \ 2023
**Ward:** ..... **Sheet NO** ..... **Bed No:** : **Room No:**

## ASSESSMENT:

### A- History

### personal History:

- **Patient's Name:** -..... ..... . **Age:** ..... Address.....
- **Marietal status :** single ☐ married ☐ divorce ☐
- **Habits:** Smoker ☐ Chewing Qat ☐ other .....
- **Educational Level:** .....
- **DOA** …/…/2023

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### Patient History:

☒ **Chief of Complains**:

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.....
.....

☒ **History of present illness**

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.....
.....

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### Past History:

☒ **Medical history:**

**D.M ( ) HTN ( ) IHD ( ) CHD ( ) HBV ( ) HCV ( ) T.B ( ) HIV ( ) HAV ( ) Convulsion ( ) Malaria ( ) Arthritis ( ) GIT diseases ( ) Mental diseases ( ) Blood disorder ( ) Thyroid disorder ( ) Previous hospitalization ( )**

**☒Menstrual history**

- **Age at first period _____yrs.**
- **menstrual flow abnormal Yes ( ) or NO ( ) if yes light() heavy( ) short( ) long( ) painful( ) other _____**
- **feels cramping or pelvic pain with your periods Yes ( ) or NO ( ) Sometimes( ) Recently( ) In the past( ) other _____**
- **have pain with intercourse Yes ( ) or NO ( )**
- **spot or bleed between periods Yes ( ) or NO ( )**
- **have pelvic pain between periods Yes ( ) or NO ( )**
- **have premenstrual symptoms other than cramp**
- **Have medication to bring on a period Yes ( ) or NO ( )**

**Remark ……**
**……**
**……**
**……**

**☒ Pregnancy history**

**Gestational started date …../……/…….**

- **Stage of gestation 1st trimester ☐ 2nd trimester ☐ 3rd trimester ☐**
- **Gestational type normal ☐ ectopic ☐ other _____**
- **How many meals do you usually eat per day? _____**
- **Have you ever been diagnosed with an eating disorder, such as anorexia or bulimia?**
- **Have you ever used self-induced vomiting to control overeating Yes( ) No( )**
- **Do you regularly participate in any vigorous exercise Yes( ) No( )**
- **have acne or oily skin Yes( ) No( )**
- **have a breast discharge Yes( ) No( )**
- **currently breast feeding Yes( ) No( )**
- **maximum weight? _____**
- **feel that you are underweigh Yes( ) No( )**
- **feel that you are overweight? Yes( ) No( )**

**Remark ……**
**……**
**……**
**……**

**☒contraceptive history**

**oral contraceptives (“Pill”)?**
**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**
**Name _____**
**From _____ To _____**

**injectable contraception (Depo-Provera®, Lunelle TM , etc.) Yes( ) N ( )**
**if yes Dates of use_____**
**Complications? _____**
**Have you ever used an IUD? Yes( ) No ( ) if yes**
**Name _____;From _____ To _____**
**Name _____;From _____ To _____**

**Other contraceptive**
**Remark ……**
**……**
**……**
**……**

## ☒ Delivery history

- **Number of previous normal delivery ( )**
- **Number previous delivery ( )**
- **Last delivery date ( )**
- **Number of sons : Boys ( ) Girls ( ) TOTAL ( )**

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**B- Systems review**

**General appearance and functional abilities**

Clinical Examination: _____

Clinical: _____ Chest: _____ Heart: _____

B.P: _____ Pulse: _____ Temp: _____

General Condition: _____

**Breasts:**

Discharge: clear __ bloody _ milky
Lumps Pain Cancer
Abnormal mammogram
Reduction
Augmentation/Breast implants
Saline Silicone
Other _____
none

**Gastrointestinal**:

Nausea/Vomiting
Ulcers Hepatitis
Diarrhea
Blood in your stools
Constipation
Irritable Bowel Syndrome
Change in bowel habits
Colitis (Ulcerative or Crohn's)
Other_____
None

**Fetal examination**

Stage of development
Sex…….
Position of fetus
Other

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21 SEPTEMBER
جامعة 21 سبتمبر للعلوم الطبية والتطبيقية
21 September University of Medical & Applied Sciences
عمادة البيئة وخدمة المجتمع
DEANSHIP OF ENVIRONMENT AND COMMUNITY SERVICE

**Ante partum care**

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**Intra- partum care**

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**Post partum care**

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# ملخص الاستفادة من التدريب في الأسبوع السادس

**الحالات التي تم مواجهتها خلال الأسبوع**

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**عدد الحالات التي تم التدرب عليها خلال الأسبوع** ( )

- **عدد حالات مشاهدتها فقط** ( )
- **عدد الحالات التي تم مساعدة الكادر في تنفيذها** ( )

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**ملاحظات الطالبة المتدربة**

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DEANSHIP OF ENVIRONMENT AND COMMUNITY SERVICE

**اسم الطالبة** ..... **التوقيع**.....

**اسم المشرفة** ..... **التوقيع** .....

## التحصيل العلمي واعمال الفصل والتدريب العلمي

| | |
|---|---|
| اسم الطالب | |
| المستوى | |
| التخصص | |
| مكان التدريب | |

| معايير التقييم | الانضباط | المظهر العام والسلوكيات | سيناريو دراسة الحالة | اجمالي درجة اللوق بوك |
|---|---|---|---|---|
| | 5 | 5 | 20 | 30 |
| درجة الطالب | | | | |

**المشرف**: **مدير ادارة التدريب السريري** **مدير المركز الطبي للتدريب والتأهيل**

**التوقيع**: **التوقيع**: **التوقيع**:

**الختم** **الختم**: **الختم**:

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# LOG BOOK

## for training of 2nd level of Midwifery

## first semester

## 2026-2027

Prep.

Ass.prof. Fares Mahdi

Designed by

Dr. mohammed AL-yahiri