

LOG BOOK

FOR TRAINING OF 2ND LEVEL OF MIDWIFERY SECOND SEMESTER 2026-2027

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

Prep by

Prof. Abdulsalam Dalaq

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:
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

Patient History:

☒ Chief of Complaints:

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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 التدريب عليها خلال الأسبوع ()

- عدد حالات مشاهدتها فقط ()

- عدد الحالات التي تم مساعدة الكادر في تنفيذها ()

عدد الحالات التي تم تنفيذها كـ (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.....
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

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 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 (ثلاثاء + اربعاء)

- التاريخ من: / / الى / /

- مكان التدريب

- قسم التدريب

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اسم مشرف التدريب:

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

ASSESSMENT:

A- History

personal History:

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

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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Postpartum 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 التدريب 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

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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.....
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

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

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 التدريب 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.....
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

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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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 التدريب عليها خلال الأسبوع ()

- عدد حالات مشاهدتها فقط ()
- عدد الحالات التي تم مساعدة الكادري 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:
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

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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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 الكادري 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 (7)

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.....
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

Patient History:

☒ Chief of Complaints:

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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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Intra- partum care

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Post partum care

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ملخص الاستفادة من التدريب في الأسبوع السابع

الحالات التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدريب 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

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Case study sheet (8)

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.....
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

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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Intra- partum care

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Post partum care

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ملخص الاستفادة من التدريب في الأسبوع السابع

الحالات التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدريب 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 (9)

..... 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.....
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

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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Intra- partum care

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Post partum care

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ملخص الاستفادة من التدريب في الأسبوع التاسع

الحالات التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدريب عليها خلال الأسبوع ()

- عدد حالات مشاهدتها فقط ()

- عدد الحالات التي تم مساعدة الكادري 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 (10)

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.....
- ❖ Marital status : single ☐ married ☐ divorce ☐
- ❖ Habits: Smoker ☐ Chewing Qat ☐ other
- ❖ Educational Level:
- ❖ DOA .../.../2023

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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Intra- partum care



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Post partum care

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ملخص الاستفادة من التدريب في الأسبوع العاشر

الحالات التي تم مواجهتها خلال الأسبوع

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عدد الحالات التي تم التدريب 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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عَمَادَةُ الْبَيْتِ وَخِدْمَةُ الْمَجْتَمَعِ
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 5	المظهر العام والسلوكيات 5	سيناريو دراسة الحالة 20	اجمالي درجة اللوق بوك 30
درجة الطالب				

مدير المركز الطبي للتدريب والتأهيل

مدير ادارة التدريب السريري

المشرف:

التوقيع:

التوقيع:

التوقيع:

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الختم:

الختم:

LOG BOOK

FOR TRAINING OF 2ND LEVEL OF MIDWIFERY SECOND SEMESTER 2026-2027

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

Prep by

Prof. Abdulsalam Dalaq

Designed by

Dr. Mohammed AL_yahiri