

## **Family planning patient forms**

**- student's name:**

**- Group:**

**- Date:-**

### **Sociodemographic data:-**

**- Mother's name:**

**- Husband's name:**

**- Mother's age:-**

**- Husband's age:-**

**- Educational level of mother**

1-Illiterate

2-Read and write

3- Basic Education

4-secondary

5-University

**- Occupation:-**

1-House wife ( )    2- Employed ( )    3-Working for tips( )

**- Address**

1-Rural

2-Urban

**- Age at marriage:**

**- Duration of marriage:**

### **Family history :**

1-Hypertension:                      yes ( )                      No ( )

2-Diabetes                              yes ( )                      No ( )

3-Multiple pregnancy              yes ( )                      No ( )

4-Congenital anomalies            yes ( )                      No ( )

5-Malignancies                yes ( )          No ( )

6- Others                      yes ( )          No ( )

1- Heart disease	yes ( )	No ( )
2- Chronic hypertention	yes ( )	No ( )
3- DM	yes ( )	No ( )
4- Renal infection	yes ( )	No ( )
5- Anemia	yes ( )	No ( )
6- Other medical condition	yes ( )	No ( )

- **Age at menarche** ( )

- **Rhythm** 1- regular ( ) 2-Irregular( )

- **Amount** 1-Scant( ) 2-moderate( ) 3-heavy( )

- **Duration** ( ) days

- **Cycle:** 1- < 21 days 2- 21< 25 days 3- 25< 30  
4- 30 <35days 5- > 35

- No of Gravidity: ( )

- No of Parity: ( )

- No of Live births: male ( ) Female ( )

- History of still births 1- Yes 2- No

-If yes, mention causes of still births ( )

1) yes                      2) No

- History of admission to hospital for postpartum Pyrexia

1) yes                      2) No

### **Family planning history:-**

**- Type of previous contraceptive method**

1- None

## 2- Pills

### 3- IUDs

#### 4- Norplant

## 5- Depo-prevera

6- Others ( )

**- Duration of use ( )**

**- Cause of termination:**

1- Pregnant while using ( )      2- Wanted pregnancy ( )

3- Side effects ( )                      4- Others ( )

### **- Complications while using:-**

1- None ( )      2- Pregnancy ( )      3- Vaginal bleeding ( )

4- Pallor ( )      5- Infection ( )      6- PID ( )

7- Expulsion of IUD ( )      8-Wt.gain ( )      9-Wt.loss ( )

10- Others ( )

### Data related to current contraceptive method

### - Type of contraceptive method

1- Pills ( )

2- IUDs ( )

### 3- Norplant( )

#### 4- Depo-Provera ( )

5- Others ( )

[Type text]

- **Duration of use** (            )

- **Possible problems and side effects while using the method**

1- None (    )            2- Amenorrhea(    )            3- Spotting (    )

4- Pregnancy(    )    5- Heavy bleeding(    )    6- Infection(    )

7- Pallor (    )            8- Wt.gain(    )            9- Wt.loss |(    )

10- Others (    )

**Effect of current method on menstrual pattern:**

- **Change pattern of menstrual cycle**

1- Yes

2- No

- **If yes, type of change in menstrual cycle:**

1- ↑ in duration (            )            2- ↑ in amount (            )

3- ↓ in duration (            )            4- ↓ in amount (            )

5- Amenorrhea (            )            6- Spotting (            )

7- Others (    )            8- change in length of cycle(            )

**Mother's problem (s) .....**

## Observation sheet

**Gynecological examination**      **yes (   )**      **No (   )**

Gynecological exam	Results
- <b>Vulva</b>	1-Normal 2-Oedematous 3-Erythematous 4-Scratching 5-Others (            )
- <b>Vagina</b>	1-Normal 2-Erythematous vaginal mucosa. 3-Presence of vaginal discharge 4-Others (            )
- <b>Character of vaginal .discharge</b>	1-White 2-Yellow 3-Translucent 4- Yellow- green 5-others (            )
- <b>Odour</b>	1- Odorless 2- Offensive 3- Others (            )
- <b>Amount</b>	1- Scanty 2- Moderate 3- Heavy
- <b>Cervix</b>	1- Normal 2- Strowberry cervix. 3- Inflamed 4- Oedematous 1- Bleed in touch 2- Cervical ectopy ( erosion ) 3- Nabothian follicle 4- Masses 5- Others (            )

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**Type of infection suggestive of**

- 1- None
- 2-monilial
- 3-trichomonal
- 4- Chlamydial
- 5-Garedenerala
- 6-Others

**Nursing care plan**

Mother's need/problem	Nursing health education	Mother's response

[Type text]

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