

 HALİÇ UNIVERSITY

 FACULTY OF HEALTH SCIENCES

 DEPARTMENT OF PHYSIOTHERAPY AND

 REHABILITATION

…………-………….

ACADEMIC YEAR

 PHYSIOTHERAPY AND REHABILITATION

………………………………………………………….

 CLINICAL INTERNSHIP FILE

**STUDENT**

NAME-SURNAME:

NUMBER:

 **RESPONSIBILITIES OF THE STUDENT**

1. The student must abide to the rules of the institution he/she does his/her internship.
2. The student must keep a record of his/her evaluation and treatment program of the cases he/she follows during his/her internship on a daily basis by specifying dates.
3. The student must continue the internship during the semester four workdays in a week (Monday, Tuesday, Wednesday and Thursday) for three weeks (twelve days in total). Summer internships are twenty workdays and absenteeism is not accepted.
4. The internship report must be kept on a daily basis and appropriately, and approved by the physiotherapist who is in charge of the internship.
5. The form on which the student’s opinions about the internship institution are to be stated must be filled in at the end of the internship.
6. The forms attached to the end of the report and to be filled in by the internship institution should be submitted to the responsible physiotherapist at the beginning of the internship.
7. The forms about the institution must be taken from the physiotherapist who is in charge of the internship in a closed and sealed envelope and attached to the first page of the report with a staple at the end of the internship.
8. The internship report (with the report given by the institution) must be submitted to the Haliç University Faculty of Health Sciences Department of Physiotherapy and Rehabilitation by the student in return for a signature.
9. The internship of those who do not submit their internship reports or submit them with missing information/documents will be invalid.

Note: If more cases than the specified number in the report are followed by the student, he/she must include the extra patient reports he/she fills in in the main report file.

**OPINION STATEMENT FORM ABOUT THE INSTITUTION**

(This part will be filled in by the student)

Please answer the questions below objectively.

1. What are your general thoughts about the institution you have done your internship?

2. What did you learn during the internship?

3. What are your suggestions about the internship?

**CASE – 1 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE -1 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 1 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 2 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE -2 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 2 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 3 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE -3 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 3 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 4 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE -4 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 4 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 5 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE –5 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 5 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 6 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE -6 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 6 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 7 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE - 7 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 7 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 8 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE - 8 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 8 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 9 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 9 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 9 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 10 EVALUATION**

Patient
Name-Surname:
Gender:
Date of Birth:
Diagnosis:
History:
Complaint:
Date of the First Evaluation:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE - 10 TREATMENT PROGRAM**

Patient

Name-Surname:

Gender:

Date of Birth:

Diagnosis:

Date Included in the Treatment Program:

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

**CASE – 10 RESULTS OF STUDENT ANAYLSIS ABOUT THE PATIENT**

[Name of the] Physiotherapist in Charge of the Internship:
Signature:

 

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Eyüp/İSTANBUL