**中西医结合肿瘤专科医联体**

**病历摘要**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **患者姓名** |  | **性别** |  | **年龄** |  | **病案号** |  |
| **患者****身份证号** |  | **患者或家属****手机号** |  |
| **目前就诊医院** |  | **□门诊** | **□住院** |
| **主管医师** |  | **联系电话** |  | **入院日期** | **年 月 日** |
| **主诉** |  |
| **现病史** |  |
| **既往史** |  |
| **个人史****家族史** |  |
| **检查结果** |  |
| **初步诊断** |  |
| **诊治经过** |  |
| **目前情况** |  |
| **□****申请****会诊** | **会诊****目的** |  |
| **□****申请****转诊** | **上转****目的** |  |
| **下转****医嘱** |  |