**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** |  | | | | | | | | | | | |