**国家临床重点专科·中日医院**

**肛肠专科医联体转诊患者病历摘要**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | |  | | | | |
| **患者基本**  **状态** | | **是否能走动** | | |  | | | | **能否自理** | | | |  | | |
| **精神状态**  **是否正常** | | |  | | | | **能否配合治疗** | | | |  | | |
| **费用来源** | | **北京市医保□省/市医保□ 其他□** | | | | | | | | | | | | | |
| **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** |  | | | | | | | | | | | | | |