**Consultation Record Sheet**

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| Patient's name |  | | | Sex |  | Age |  | | Admission Time | | |  | | |
| Apply for a consultation office |  | | Disease Area | |  | | Bed Number | |  | | Inpatient Number | | |  |
| Names of hospitals and departments to be invited for consultation | |  | | | | | | | | Inviting a physician  Name | | |  | |
| Brief description of the patient and condition  Treatment Status | |  | | | | | | | | | | | | |
| Reasons for applying for consultation  And Purpose | |  | | | | | | | | | | | | |
| Signature and date of the doctor and director of the consultation department | | Signature of physician in charge:  Year month day | | | | | | | Signature of physician/department director above attending:    Year month day | | | | | |
| Request consultation time | | Year month day | | | | | | | | | | | | |
| Name of Consultation Hospital | |  | | | | | | Name of consultation department | | | | |  | |
| Consultant Physician  Comments and suggestions | |  | | | | | | | | | | | | |
| Consultant  Signature and date | | Signature of Consultant:  Consultation time: year month day | | | | | | | | | | | | |
| Remark |  | | | | | | | | | | | | | |

Note: In-hospital emergency consultation is completed in 10 minutes, and general consultation is completed within 24 hours.