

## FICHA DE INTERNAMENTO

## **DATA E HORA**

10/12/2022 06:16:26

DADOS DO PACIENTE									
* Nome do Paciente Patient Name						* Número do Cartão Nacional do SUS 928 9769 5493 0007			
* Data de Nascimento 10/12/2022				da Mãe t Mother Name					
					Completo (Rua, Av.,) street, 43, paciten, USA				
N° Bairro 123456 Patient Neighborhood				Município Patient city			UF CEP SP 12345-678		
Nacionalidade Brasileira			ne para Coi 38769-462			Possui Convêr		ntar?	Peso Estimado 123.32
				DADOS	CLÍNICOS				
* Alergias Medicamentosas/Alimentar Penicillin, Aspirin, Ibuprofen, Anticonvulsants.									
*Comorbidades/Doença Prévias Heart disease, High blood pressure, Diabetes, Cerebrovascular disease.  *História da Doença Atual/Exame Físico 012345678910111213141516171819202122232425262728293031323334353637383940414243444546474849505152535455565 7585960616263646566676869707172737475767778798081828384858687888990919293949596979899100110120310410510 610710810911011111211311411511611711811912012112212312412512612712812913013113213313413513613713813914014 114214314414514614714814915015115215315415515615715815916016116216316416516616716816917017117217317417517 617717817918018118218318418518618718818919019119219319419519619719819920020120220320420520620720820921021 12122132142152162172182192202212222322422522622722822923023123223323423523623723823924024124224324424524 624724824925025125225325425525625725825926026126226326426526626726826927027127227327427527627727827928028 128228328428528628728828929029129229329429529629729829930030130230330430530630730830931031131231331431531 6317318319320321322323324325326327328329330331332333333433533633733833934034134234334434534634734834935035 135235335435535635735835936036136236336436536636736836937037137237337437537637737837938038138238338438538									
* Suspeita Diagnóstica I Diagnostic suspicion CARIMBO I	and referral b				oembolism and oral common to the common to t	·	e.		
					* CNS do Médico Res 928 9769 5493 00 * CRM do Médico Res CRM/UF 123456	007			



