

FICHA DE INTERNAMENTO

DATA E HORA

10/12/2022 05:57:11

DADOS DO PACIENTE											
* Nome do Paciente Patient Name							* Número do Cartão Nacional do SUS 928 9769 5493 0007				
* Data de Nascimento 10/12/2022	^{ãe} ther Name	·									
* Documento * Endereço Completo (Rua, Av.,) □ CPF □ RG 284.454.000-70 * Endereço Completo (Rua, Av.,) pacient street, 43, paciten, USA											
N° Bairro 123456 Patient Neighborhood			Município Patient city						UF CEP SP 12345		45-678
Nacionalidade Brasileira			efone para I) 38769-4				Possui Convêni			ntar?	Peso Estimado 123.32
DADOS CLÍNICOS											
* Alergias Medicamentosas/Alimentar											
* Alergias Medicamentosas/Alimentar Penicillin, Aspirin, Ibuprofen, Anticonvulsants.											
* Comorbidades/Doenças Prévias Heart disease, High blood pressure, Diabetes, Cerebrovascular disease.											
*História da Doença Atual/Exame Físico 012345678910111213141516171819202122232425262728293031323334353637383940414243444546474849505152535455565 758596061626364656667686970717273747576777879808182838485868788899091929394959697989910010110210310410510 6107108109110111112113114115116117711811912012112212312412512612712812913013113213313413513613713813914014 1142143144145146147148149150151152153154155156157158159160161116216316416516616716816917071717217317417517 617717817918018118218318418518618718818919019119219319419519619719819920020120220320420520620720820921021 12122132142152162172182192202212222322422522622722822923023123223323423523623723823924024124224324424524 624724824925025125225325425525625725825996026126226326426526626726826927027127227327427527627727827928028 128228328428528628728828929029129229329429529629729829930030130230330430530630730830931031131231331431531 631731831932032132232332432532632732832933033133233333433533633733833934034134234334434534634734834935035 135235335435535635735835936036136236336436536636736836937037137237337437537637737837938038138238338438538											
*Suspeita Diagnóstica Inicial (CID) Diagnostic suspicion and referral bias in studies of venous thromboembolism and oral contraceptive use.											
* Nome do Médico Responsável											
* CNS do Médico Responsável											
* CRM do Médico Responsável											



