

## FICHA DE INTERNAMENTO

## **DATA E HORA**

10/12/2022 06:06:38

DADOS DO PACIENTE										
* Nome do Paciente Patient Name					* Número do Cartão Nacional do SUS 928 9769 5493 0007					
* Data de Nascimento 10/12/2022			Nome da M Patient Mo	e da Mãe ent Mother Name						
<u> </u>					reço Completo (Rua, Av.,) ent street, 43, paciten, USA					
N° Bairro 123456 Patient Neighborhood				Município Patient city			UF CEP SP 12345-678			
Nacionalidade Brasileira			ne para Cor 38769-4628			Possui Convên	io Suplemo	entar?	Peso Estimado 123.32	
				DADOS	CLÍNICOS					
* 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 75859606162636465666768697071727374757677787980818283848586878889909129394959697989910010110210310410510 61071081091101111112113114115116117118111912012112212312412512612712812913013113213313413513613713813914014 114214314414514614714814915015115215315415515615715815916016116216316416516616716816917017117217317417517 617717817918018118218318418518618718818919019119219319419519619719819920020120220320420520620720820921021 12122132142152162172182192202212222322422522622722822923023123223323423523623723823924024124224324424524 624724824925025125225325425525625725825926026126226326426526626726826927027127227327427527627727827928028 128228328428528628728828929029129229329429529629729829930030130230330430530630730830931031131231331431531 631731831932032132232332432532632732832933033133233333343353363373383934034134234334434534634734834935035 135235335435535635735835936036136236336436536636736836937037137237337437537637737837938038138238338438538										
* Suspeita Diagnóstica le Diagnostic suspicion		oias in st	udies of ve	enous thrombo	pembolism and oral c	ontraceptive us	se.			
CARIMBO E	E ASSINAT	URA [	OO MÉD	ICO	* Nome do Médico R Doctor Name * CNS do Médico Res 928 9769 5493 00 * CRM do Médico Re	sponsável 007				
					Citivi do iviedico Re	ορυποαν <b>ε</b> ι				



