Judeţul ……………………..........…….......….

Localitatea .....................................................

Spitalul ............................................................

Secţia ................................................................

Nr. înregistrare **SC**

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CNP pacient

Întocmit de: ............................................................... parafa medicului

**FOAIE** **DE** **OBSERVAŢIE** **CLINICĂ** **GENERALĂ**

Catalin

Popescu

NUMELE ......................................... PRENUMELE ........................................................ Sexul M/F

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| --- |
| Grup sangvin: A/B/AB/0; Rh + / -  Alergic la: ..............................................................  Data internării: ora |
|  |
| zi lună an |
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| Data externării: ora |
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|  |
| zi lună an  Nr. zile spitalizare .........................................  Nr. zile c.m. la externare ......................... |

**Data** **naşterii**: zi lună an

**Domiciliul** **legal**: judeţul Localitatea ..........................................................

Sect. Mediul U/ Str. ....................................................................... Nr. ......

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**Reşedinţa**: judeţul Localitatea .........................................................................

Sect. Mediul U/R Str. ....................................................................... Nr. ...... **Cetăţenie**: Român Străin ……………..…..

**Greutatea** **la** **naştere** **(nou** **născuţi)** grame

**Ocupaţia**: fără ocupaţie (1); salariat (2); lucrător pe cont propriu (3); patron (4); agricultor (5); elev/ student (6); şomer (7); pensionar (8)

**Locul** **de** **muncă** ..............................................................................

**Nivel** **de** **instruire**: fără studii (1); ciclu primar (2); ciclu gimnazial (3); şcoală profesională (4); liceu (5) şcoală postliceală (6); studii superioare de scurtă durată (7); studii superioare (8); nespecificat (9)

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| **C.I** **/** **B.I.** seria |  | |  | | Nr. | | |  |  |  |  |  | |  | Certificat naştere (copil) seria Nr. | | | | | | | | |
|  | | Asi | | | | gurat CNAS | | | | | | |  | | | | | | | | | | |
| **Statut** **asigurat**: |  | Asigurare voluntară Neasigurat | | | | | | | | | | |
| Asig. oblig. CA | | S | |  | |  | Asig. facultativă CAS | | | | | | | | |  |  | Eurocard |  | Acorduri internaţi | onale |  |  |

**Categ.** **asig.** **CNAS**: salariat (1); coasig. (2); pensionar (3); copil<18 ani (4); elev/ucenic/student 18-26 ani (5); gravidă (6) veteran (7); revoluţionar (8); handicap (9); PNS (10); ajutor social (11); şomaj (12); alte (13)

**Tipul** **internării**: urgenţă (1); trimit. MF (2); trimit. ambulatoriu (3); transfer interspit. (4); la cerere (5); alte (9) **Criteriu** **internare**: urgenţă (1); diagnostic (2); tratament (3); nedeplasabil (4) epidemiologic (5); medic şef (6)

**Diagnosticul** **de** **trimitere**: ................................................................................................................................. ................................ .......................................... ................................ ................................ ........................... **Diagnosticul** **la** **internare**: .................................................................................................................................

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Semnătura şi parafa medicului

................................................ **Diagnosticul** **la** **72** **de** **ore**: .............................. ................................ ................................ ................................ ................................ ..............................

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Semnătura şi parafa medicului şef ...............................................

Semnătura şi parafa medicului curant .......................................................

23.3ş A4ş t2

**Intervenţia** **chirurgicală** **principală:** ..................................................................................................................................................................... ..................................................................................................................................................................................................................................................................

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Consimţământul pentru intervenţie: ........................................................................................................................................................................... medic operator principal ............................................................................................................................................

Echipa operatorie: medic operator II ...........................................................

medic operator III ..........................................................

medic ATI ..........................................................

asistent/ă ..............................................................

Data intervenţiei chirurgicale: zi luna an

**Intervenţii** **chirurgicale** **concomitente** (cu cea principală): 1........................................................................................................................................

medic operator principal ............................................................................................................................................

Echipa operatorie: medic operator II ...........................................................

medic operator III ..........................................................

medic ATI ..........................................................

asistent/ă ..............................................................

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medic operator principal ............................................................................................................................................

Echipa operatorie: medic operator II ...........................................................

medic operator III ..........................................................

medic ATI ..........................................................

asistent/ă ..............................................................

**Alte** **intervenţii** **chirurgicale:** 1........................................................................................................................................

medic operator principal ............................................................................................................................................

Echipa operatorie: medic operator II ...........................................................

medic operator III ..........................................................

medic ATI ..........................................................

asistent/ă ..............................................................

Data intervenţiei chirurgicale: zi luna an 2........................................................................................................................................

medic operator principal ............................................................................................................................................

Echipa operatorie: medic operator II ...........................................................

medic operator III ..........................................................

medic ATI ..........................................................

asistent/ă ..............................................................

Data intervenţiei chirurgicale: zi luna an

Examen citologic ..................................................................................................... ................................................................................................................ Examen extemporaneu ..................................................................................................... ...................................................................................................

Examen histopatologic (biopsie – piesă operatorie) ..................................................................................................... ...................................

Transfer între secţiile spitalului:

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| Secţia | Diagnostic | Data intrării (ora) | Data ieşirii (ora) | Nr. zile spitalizare | |
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| Starea la externare: vindecat (1); ameliorat (2); staţionar (3); agravat (4); decedat (5) | | | | |  |
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| Tipul externării: externat (1); externat la cerere (2); transfer interspitalicesc (3); decedat (4) | | | | |  |

Deces: intraoperator (1); postoperator: 0 – 23 ore (2); 24 – 47 ore (3); > 48 ore (4)

Data şi ora decesului: zi luna an ora

2

Diagnostic în caz de deces:

a. Cauza directă (imediată) .............................................................. .............................................................. ..........................................

b. Cauza antecedentă .............................................................. .............................................................. ......................................................... I Stări morbide iniţiale:

c. .............................................................. .............................................................. ....................................................................................................... d. .............................................................. .............................................................. .......................................................................................................

II Alte stări morbide importante .............................................................. .............................................................. ........................................ .............................................................. ..................................................................................................................... .........................................................

Diagnostic anatomo-patologic (autopsie), macroscopic: ........................................................................................................................... .............................................................. ..................................................................................................................... .............................................................................

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Microscopic: .............................................................. ..................................................................................................................... ........................................... .............................................................. ..................................................................................................................... .............................................................................

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Explorări funcţionale:

Denumirea Codul Nr.

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Investigaţii radiologice:

Denumirea Codul Nr.

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Alte proceduri terapeutice:

Denumirea Codul Nr.

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ALTE OBSERVAŢII:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

MOTIVELE INTERNĂRII: .............................................................................................................................................................................................

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ANAMNEZA: ........................................................................................................................................................................................................................... a) Antecedente heredo-colaterale ..........................................................................................................................................................

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............................................................................................................................................................................................................................................................. d) Comportamente (fumat, alcool etc.)

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ISTORICUL BOLII: ..............................................................................................................................................................................................................

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EXAMENUL CLINIC GENERAL ............................................................................................................................................................................. EXAMEN OBIECTIV ......................................................................................................................................................................................................... Starea generală ...................................................................................................... Talie ....................................... Greutate ............................... Starea de nutriţie .................................................................................. Starea de conştienţă ............................................................................ Facies ............................................................................................................................................................................................................................................. Tegumente .................................................................................................................................................................................................................................

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APARAT RESPIRATOR ...................................................................................................................................................................................................

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APARAT CARDIOVASCULAR ..................................................................................................................................................................................

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APARAT DIGESTIV ...................................................................................................................................................................................................

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FICAT, CĂI BILIARE, SPLINA ...................................................................................................................................................................................

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APARAT URO-GENITAL ...............................................................................................................................................................................................

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SISTEM NERVOS, ENDOCRIN, ORGANE DE SIMŢ .................................................................................................................................

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EXAMEN ONCOLOGIC: ................................................................................................................................................................................................. 1. Cavitatea bucală ............................................................................... ............................................................................... ............................................... 2. Tegumente ............................................................................... ............................................................................................ .............................................. 3. Grupe ganglioni palpabile ............................................................................... ............................................................................... ........................ 4. Sân ............................................................................... ............................................................................................................. ............................................... 5. Organe genitale feminine ............................................................................... ............................................................................... ......................... 6. Citologia secreţiei vaginale ............................................................................... ............................................................................... ......................... 7. Prostată şi Rect ....................................................................................................... ............................................................................... ......................... 8. Alte ............................................................................... .................................................................................................................................. .........................

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EXAMENERADIOLOGICE (rezultate) ................................................................................................................................................................. ................................................................................................................. ............................................................................... ...........................................................

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EXAMENE ECOGRAFICE (rezultate) ................................................................................................................................................................... ................................................................................................................. ............................................................................... ...........................................................

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INTERVENŢII CHIRURGICALE (numărul intervenţiei chirurgicale, protocol operator): ................................................................................................................. ............................................................................... ...........................................................

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EXAMENE ANATOMO-PATOLOGICE: ............................................................................................................................................................. ................................................................................................................. ............................................................................... ...........................................................

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SUSŢINEREA DIAGNOSTICULUI ŞI TRATAMENTULUI:

CLINIC: ..................................................................................... ............................................................................... ..................................................

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Semnătura şi parafa medicului,

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**F** **O** **A** **I** **E** **D** **E** **T** **E** **M** **P** **E** **R** **A** **T** **U** **R** **Ă** **A** **D** **U** **L** **Ţ** **I**

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CNP

Popescu

Catalin

Numele ……………………………………. Prenumele …………….….………………………..

Anul ………… luna ………… Nr. foii de observaţie ………… Nr. salon ……….. Nr. pat …………..

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| Ziua | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Zile de boală | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| 30 | 25 | 140 | 40O |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 25 | 20 | 120 | 39O |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 20 | 15 | 100 | 38O |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 15 | 10 | 80 | 37O |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 | 5 | 60 | 36O |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Lichide ingerate | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Diureză | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Scaune | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Dietă | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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FOAIE DE EVOLUŢIE ŞI TRATAMENT

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| DATA | EVOLUŢIE | TRATAMENT |
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