重庆居民慢阻肺报告卡

报告区县：重庆市綦江区 报告卡编号：

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| **基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 门诊号： | |  | | | | | | | | | | | | | | | 住院号： | | | | |  | | | | | | | | | | | | | | | |
| 姓名: | name | | | | | | 身份证号： | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 性别： | | gender | | | | | 出生日期： | | | | | |  | | | | | | | | | | | | | | | | 民族： | | | | | minzu | | | |
| 学历： | | xueli | | | | | 婚姻状况： | | | | | marriage | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系人： | | name2 | | | | | 联系电话： | | | | | phone | | | | | | | | | 与患者的关系： | | | | | | | | | | Relation\_ | | | | | | |
| 职业类型： | | | | vocation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 公务员 ②专业技术人员 ③职员 ④企业管理者 ⑤工人 ⑥农民 ⑦学生   ⑧现役军人 ⑨自由职业者 ⑩个体经营者 ⑪无业人员 ⑫离退休人员 ⑬其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍地址： | | | | Addr1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 常住地址： | | | | Addr2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作单位/学校名称： | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **疾病信息** | | | | | | | | | | | | | | | | | ICD编码： | | | | | | | | | ICD\_num | | | | | | | | | | | |
| 疾病诊断：**1：肺气肿**  ①肺气肿 ②全叶性肺气肿 ③中心性肺气肿 ④麦克劳德综合征 ⑤其他肺气肿 ⑥肺气肿，未特指  **2;支气管炎**  ①单纯性慢性支气管炎 ②单纯性粘液化脓性慢性支气管 ③粘液化脓性慢性支气管炎 ④气管炎，未特指为慢性或急性 ⑤单纯性和单纯性粘液化脓性慢性支气管 ⑥ 未特指的慢性支气管炎  **3;慢性阻塞性肺疾病**  ①其它慢性阻塞性肺病 ②慢性阻塞性肺病，伴有急性下呼吸道感染 ③慢性阻塞性肺病伴有急性加重 ④其它特指的慢性阻塞性肺病 ⑤慢性阻塞性肺病，未特指  **4：哮喘：** ①哮踹 ②过敏性哮踹 ③混合性哮踹 ④哮喘性支气管炎、晚期发作的哮踹 ⑤哮踹持续状态 ⑥非过敏性哮踹  **5支气管扩张** ①支气管扩张 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 诊断依据（可多选）： | | | | | | | | | | diagose \_num | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 临床 ②CT ③ X线 ④临床 ⑤血气分析 ⑥肺功能检查   ⑦死亡补发报 ⑧其他实验室检查：血常规、痰培养 ⑨血管造影 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家族史： | | | family | | | | 与患者关系：①祖父母②父母③兄弟姐妹④其他（叔舅等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 首次诊断时间： | | | | | | diag\_time | | | | | | | | | | | 确诊时间： | | | | | | | Ensure\_time | | | | | | | | | | | | | |
| 是否首次发病：是□ 否□ | | | | | | | | | | | | | | | | | 疾病转归：①生存 ②死亡 | | | | | | | | | | | | | | | | | | | | |
| 死亡日期： 年 月 日 | | | | | | | | | | | | | | | | | 具体死亡原因：①因本病死亡   1. 非因本病死亡 | | | | | | | | | | | | | | | | | | | | |
| 最高诊断单位： | | | | | | | | Hightest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 省级医院 ②地市级医院 ③县区级医院 ④乡镇级医院 ⑤其他 ⑥不详 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 治疗机构：綦江区文龙街道社区卫生服务中心 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报告单位：綦江区文龙街道社区卫生服务中心 | | | | | | | | | | | | | | | | | | 报告医师：罗玉龙 | | | | | | | | | | | | | | | | | | | |
| 报卡日期： | | | | | Report\_time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |