Patientendaten

|  |  |
| --- | --- |
| Nachname |  |
| Vorname |  |
| Geschlecht |  |
| Geburtstag |  |
| Alter |  |
| Einlieferung |  |
| Entlassung |  |
| Straße |  |
| Hausnr |  |
| Land |  |
| PLZ |  |
| Ort |  |
| Telefonnummer |  |
| Handynummer |  |
| E-Mail |  |
| Kostenträger |  |
| Versicherungsnummer |  |

Einrichtungen

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Adresse | Art des Arztes | Telefonnummer |
| Tipp | Tipp | Tipp | Tipp |
| Tipp | Tipp | Tipp | Tipp |
| Tipp | Tipp | Tipp | Tipp |
| Tipp | Tipp | Tipp | Tipp |
| Tipp | Tipp | Tipp | Tipp |

Anamnese

|  |  |
| --- | --- |
| Größe in cm |  |
| Gewicht in kg |  |
| Behinderung |  |
| Grad |  |
| Endokrinologische Störungen |  |
| Mit Adipositas ass. Syptome |  |
| Mediakamentenindzierte Adipositas |  |
| Weitere chron. Erkrank. |  |

Krankheitsgeschichte

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datum | Typ | ICD-10 | Beschreibung | Arzt |
| Tipp | Tipp | Tipp | Tipp | Tipp |
| Tipp | Tipp | Tipp | Tipp | Tipp |
| Tipp | Tipp | Tipp | Tipp | Tipp |
| Tipp | Tipp | Tipp | Tipp | Tipp |
| Tipp | Tipp | Tipp | Tipp | Tipp |

D = Diagnose, B = Bemerkung, K = Kommentar