跟师医案

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| --- | --- | --- | --- | --- | --- |
| 患者姓名： | ${peopleName} | 性别： | ${sexName} | 出生日期： | ${birthDate} |
| 就诊日期： | ${visitDate} | 初诊、复诊： | ${visitActionName} | 发病节气： | ${solarTerms} |
| 主诉： | ${mainSuit} | | | | |
| 现病史： | ${presentDiseaseHistory} | | | | |
| 既往史： | ${previousDiseaseHistory} | | | | |
| 过敏史： | ${allergicHistory} | | | | |
| 体格检查： | ${physicalExamination} | | | | |
| 辅助检查： | ${accessoryExamination} | | | | |
| 中医诊断： | ${tcmDiagnosis} | | | | |
| 证候诊断： | ${syndromeDiagnosis} | | | | |
| 西医诊断： | ${westernDiagnosis} | | | | |
| 治法： | ${therapy} | | | | |
| 处方： | ${prescription} | | | | |
| 复诊： | ${returnVisit} | | | | |
| 临证随便或心得： | ${experienceContent} | | | | |
| 签名： | 跟师规培学员签名：${doctorName}  ${signTime} | | | | |
| 师承指导老师批阅意见：  ${auditContent} | | | | | |
| 师承签名：${teacherName}  ${auditTime} | | | | | |