Приложение 17

к приказу Министерства

здравоохранения Донецкой

Народной Республики

06.06.2016 № 555

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| Наименование министерства, другого органа исполнительной власти, предприятия, учреждения, организации, к сфере управления которого относится учреждение здравоохранения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Наименование и местоположение (полный почтовый адрес) учреждения здравоохранения, в котором заполняется форма \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | **МЕДИЦИНСКАЯ ДОКУМЕНТАЦИЯ**  ФОРМА ПЕРВИЧНОЙ УЧЕТНОЙ ДОКУМЕНТАЦИИ  **№ 1/у-онко**  **УТВЕРЖДЕНО**  Приказом Министерства здравоохранения  Донецкой Народной Республики |
| Идентификационный код | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | № |  |  |  |  |  |  |  |  |  | |

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| **КОМИССИОННОЕ ЗАКЛЮЧЕНИЕ (РЕШЕНИЕ) ВРАЧЕЙ СПЕЦИАЛИСТОВ ПО ОКАЗАНИЮ МЕДИЦИНСКОЙ ПОМОЩИ БОЛЬНОМУ ЗЛОКАЧЕСТВЕННЫМ НОВООБРАЗОВАНИЕМ №\_\_\_\_\_\_\_**  **«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**20\_\_\_\_года  (дата заполнения) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | **Фамилия, имя, отчество** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.** | | **Номер первичной учетной документации пациента** | | | | | | | | | | | **ф.№025/у** | | |  |  |  | |  |  | **ф.№003/у** | |  |  |  | |  |  |
| **3.** | | **Дата рождения** |  |  | |  |  | |  |  |  | |  |  | | | | | | | | | | | | | | | |
| (число, месяц, год) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | **Место жительства, контактный телефон** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.** | **Жалобы больного** | | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |
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| **6.** | **Анамнез заболевания** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.** | **Анамнез жизни** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Продолжение приложения 17

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| **8.** | **Объективные данные**  (соматические данные, результаты рентгенологических, инструментальных, лабораторных обследований, морфологической верификации опухоли: цитологической, гистологической, иммуноцитохимической, иммуногистохимической и др.) | | | | | | | | | | | | |
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| **9.** | **Место болезни** | | | | | | | | | | | | |
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| **10.** | **Диагноз** | |  |  |  | | |  |  | |  | |  |
| **а) основной:** | | |  |  |  | |  | | | **Стадия** | | **ТNM** | |
|  | |  | | | **Клиническая группа** | | | |
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| **б) осложнения основного заболевания:** | | |  |  |  | | |  |  | |  | |  |
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| **в) сопутствующие заболевания:** | | | | | | | | | | | | | |
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| **11.** | | **На основании вышеуказанных данных, согласно стандартам диагностики и лечения, комиссия рекомендует методы и этапность лечения:** | | | | | | | | | | | |
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| **12.** | | **Члены комиссии:** |  |  |  |  | | |  | |  | |  |
| **врач онколог-хирург:** | | | | | | | | | | | | | |
| (Ф.И.О., подпись) | | | | | | | | | | | | | |
| **врач-радиолог:** | | | | | | | | | | | | | |
| (Ф.И.О., подпись) | | | | | | | | | | | | | |
| **врач-онколог (химиотерапевт):** | | | | | | | | | | | | | |
| (Ф.И.О., подпись) | | | | | | | | | | | | | |
| **врачи других специальностей:** | | | | | | | | | | | | | |
| (Ф.И.О., подпись) | | | | | | | | | | | | | |
| **13. Информацию о больном для комиссии подготовил врач** | | | | | | | | | | | | | |
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| (Ф.И.О., подпись) | | | | | | | | | | | | | |