12.pielikums
Ministru kabineta
2006.gada 4.aprīļa
noteikumiem Nr.265

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| **Izraksts no stacionārā/ambulatorā pacienta (vajadzīgo pasvītrot) medicīniskās kartes** |
| (veidlapa Nr.027/u)\* |

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| 1. Iestādes nosaukums/personas vārds, uzvārds un adrese, kam paredzēts izraksts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Pacienta vārds, uzvārds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Personas kods  | [ ] [ ] [ ] [ ] [ ] [ ] -[ ] [ ] [ ] [ ] [ ]  |
| 4. Deklarētā dzīvesvieta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Darbavieta, nodarbošanās \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Ambulatorā iestāde:6.1. saslimšanas datums (dd.mm.gggg.) | [ ] [ ] .[ ] [ ] .[ ] [ ] [ ] [ ] . |
| 6.2. nosūtīts uz stacionāru  (dd.mm.gggg.) | [ ] [ ] .[ ] [ ] .[ ] [ ] [ ] [ ] . |
| 7. Stacionārs: |
| 7.1. iestāšanās datums  (dd.mm.gggg.)  | [ ] [ ] .[ ] [ ] .[ ] [ ] [ ] [ ] . |
| 7.2. izrakstīšanas datums (dd.mm.gggg.) | [ ] [ ] .[ ] [ ] .[ ] [ ] [ ] [ ] . |
| 8. Pilna diagnoze:8.1. pamatslimība 8.2. blakusslimības8.3. sarežģījumi | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| 9. Apraksts: |  |
| 9.1. īsa anamnēze, diagnostiskie izmeklējumi, slimības gaita, ārstēšana, pacienta veselības stāvoklis, nosūtot uz stacionāru un izrakstot no tā, nosūtot pacientu pie cita ārsta (speciālista vai ģimenes ārsta) atzinuma sniegšanai par darbnespējas turpināšanu vai pārtraukšanu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 9.2. medicīniskās rehabilitācijas nepieciešamība, rekomendācijas sociālajiem dienestiem, ārsta slēdziens par darbnespējas turpināšanu vai pārtraukšanu, prognoze un izmeklējumu plāns, darbnespējai turpinoties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10. Ārstnieciskie un darba režīma norādījumi atbilstoši pacienta veselības stāvoklim: |
| ārstēšana stacionārā [ ]  mājas režīms [ ]  brīvais režīms [ ]  |
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| darbnespējīgs līdz (dd.mm.gggg.) |  [ ] [ ] .[ ] [ ] .[ ] [ ] [ ] [ ] . |
| kontrole (dd.mm.gggg.) |  [ ] [ ] .[ ] [ ] .[ ] [ ] [ ] [ ] . |

11. Ārstniecības persona, kas aizpildījusi izrakstu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (vārds, uzvārds, paraksts) |
| 12. Datums (dd.mm.gggg.) |  [ ] [ ] .[ ] [ ] .[ ] [ ] [ ] [ ] . |

Piezīme. \* Ja izrakstu izsniedz pēc personas pieprasījuma, aizpilda tikai 1., 2., 3., 10., 11. un 12.punktu.