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Zdravstvena ustanova PZZ – ordinacija opće /obiteljske medicine

**L I J E Č N I Č K I N A L A Z**

 **IZVOD IZ ZDRAVSTVENOG KARTONA LIJEČNIKA OBITELJSKE MEDICINE**

Ime i prezime (ime oca/majke): **......................................................................** rođ.:.**............................................**.

Adresa: ..................................................................................................................................................................

Zanimanje- posao koji obavlja: ..............................................................................................................................

Zaposlen kod:..........................................................................................................................................................

**BOLESTI, OZLJEDE ILI MANE** ( ako Da - opis, datum nastanka/dg ): DA NE

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Nenormalna psihička stanja :......................................................................................................................

Akutne psihoze: .........................................................................................................................................

Kronične psihoze s izraženim rezidualnim ili regresivnim promjenama:....................................................

Izraženi neurotski poremećaji ....................................................................................................................

Alkoholizam............................................., Toksikomanija /ovisnosti o drogama......................................

Liječeni alkoholizam ................................ trajanje apstinencije ..............................................................

psihičke promjene i neurološke komplikacije............................................................................................

Bolesti CNS –a i perifernih živaca:.............................................................................................................

Epilepsija i drugi poremećaji svijesti: ...........................................posljednji napadi bez terapije................

Ozljede mozga ..................................................... posljedice /stanja .......................................................

 Bolesti i ozljede oka:..................................................................................................................................

Bolesti vestibularnog aparata s poremećajima ravnoteže:.........................................................................

Angina pectoris s učestalim napadima:......................................................................................................

Infarkt miokarda:.......................................................................................................................................

Bolesti srca koje mogu dovesti do poremećaja ritma i sinkopalnog stanja:..............................................

Urođene i stečene srčane mane :...............................................................................................................

Bolesti velikih krvnih žila.............................................................................................................................

Hipertonija ........................................ s komplikacijama na oku, srcu ili bubregu.......................................

Stanja i bolesti respiratornog sustava:.......................................................................................................

Bolesti koje izazivaju tešku kardiorespiratornu insuficijenciju (teški oblik bronh. astme, teški emfizem,)..

Bolesti jetre .............................................................................................................................................

Bolesti bubrega:.......................................................................................................................................

Dijabetes mellitus............................. kompliciran očnim, živčanim i dr poremećajima..............................

Hipertireoidoza s komplikacijama...............................................................................................................

Maligne hemopatije.....................................................................................................................................

**Ozljede:**......................................................................................................................................................

Traume glave............................................................................................................................................

**Bolničko liječenje** .....................................................................................................................................

Operacije.....................................................................................................................................................

**DIJAGNOZE** (pojave u posljednjih pet godina): ....................................................................................................

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**TERAPIJA / LIJEKOVI** (posljednjih 12 mjeseci):...................................................................................................

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Nalaz se izdaje u svrhu: ***na zahtjev i za potrebe spec. medicine rada***

 Potpis i faksimil izabranog doktora obiteljske medicine

Mjesto i datum:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_