**Voorblad medisch dossier huisartsenkring Panacea**

**Zorgcode (A,B,C)**

 \_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

 \_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

 \_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

Naam patiënt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geboortedatum: \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ Geslacht: M / V

Rijksregisternummer: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ / \_\_ \_\_

e-ID nummer: \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_

Stempel huisarts:

O Zorgtraject diabetes

O Diabetesconventie
O Zorgtraject CNI

e-GFR: \_\_\_\_\_\_\_\_\_\_\_\_\_ml/min

1. **HOOFDDIAGNOSE(S)**

**-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

1. **VOORGESCHIEDENIS**

 **-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------**

1. **(AB)USUS**

Nicotine:

Ethyl:

Medicatie:

1. **DIEET:**

 **--------------------------------------------------------------------------------------------------**

Ingevuld op / /

© Huisartsenkring Panacea

**Vaccinaties**

* Jaarlijks griepvaccin :

ja / nee

* Pneumokokken :

 Prevenar 13®\_\_\_ / \_\_\_ / \_\_\_\_

 Pneumo 23® \_\_\_ / \_\_\_ /\_\_\_\_\_

 \_\_\_ / \_\_\_\_ /\_\_\_\_

* DTP : \_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
* Hep A: ja / nee
* Hep B: ja / nee

**Allergieën :**

**----------------------------------------**

**----------------------------------------**

**----------------------------------------**

**Niet verdragen medicatie :**

**----------------------------------------**

**----------------------------------------**

**----------------------------------------**

**Besmettelijke ziekten**

**----------------------------------------**

**----------------------------------------**