**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)**

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1. **VOORGESCHIEDENIS**

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1. **(AB)USUS**

Nicotine:

Ethyl:

Medicatie:

Andere:

1. **DIEET:**

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Ingevuld op: / /

© Huisartsenkring Panacea

**Vaccinaties**

* griepvaccin gewenst?

ja / nee

* Covid vaccin gewenst?   
  ja / nee
* Pneumokokken :

Naam vaccin:  
Datum: \_\_\_ / \_\_\_ /\_\_\_\_\_

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

**Allergieën :**

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**Niet verdragen medicatie :**

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**Intoleranties:**

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**Besmettelijke ziekten**

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** **Voorgeschiedenis**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ziektebeeld** | **Primaire diagnose** | **Diagnose met behandeling** | **Diagnose met opvolging zonder actieve behandeling** | **Niet aanwezig** |
| Alzheimer |  |  |  |  |
| Ander dementieel beeld |  |  |  |  |
| Quadriplegie  Hemiplegie  Paraplegie |  |  |  |  |
| MS |  |  |  |  |
| Parkinson |  |  |  |  |
| CVA |  |  |  |  |
| Aandoening Hartkransslagader |  |  |  |  |
| Hartfalen (CHF) |  |  |  |  |
| COPD |  |  |  |  |
| Angststoornis |  |  |  |  |
| Bipolaire stoornis |  |  |  |  |
| Depressie |  |  |  |  |
| Schizofrenie |  |  |  |  |
| Longontsteking |  |  |  |  |
| Kanker |  |  |  |  |
| Diabetes |  |  |  |  |
| Cerebral Palsy |  |  |  |  |
| Sepsis |  |  |  |  |

1. **PSYCHISCHE GEZONDHEID**

Is er een schriftelijke melding over voorgeschiedenis van psychische aandoeningen of verstandelijke beperkingen?

JA NEE

Zo ja: gelieve deze bij het dossier te voegen

1. **BEHANDELINGEN EN PROCEDURES**

Mammografie in laatste 2 jaar? JA NEE