远程视频申请单

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 会诊类型 | ${type} | 申请时间 | ${date} | | |
| 患者姓名 | ${name} | 性别 | ${sex} | 年龄 | ${age} |
| 联系方式 | ${mobile\_number} | 身份号 | ${id\_card} | | |
| 申请医院 | ${from\_hospital} | | | | |
| 申请科室 | ${from\_dept} | | 申请医生 | ${from\_doctor} | |
| 接诊医院 | ${to\_hospital} | | | | |
| 接诊科室 | ${to\_dept} | | 接诊专家 | ${to\_doctor} | |
| 病情主诉 | ${mainsuit} | | | | |
| 既往史 | ${past\_history} | | | | |
| 现病史 | ${present\_history} | | | | |
| 家族史 | ${family\_history} | | | | |
| 用药史 | ${medication\_history} | | | | |
| 初步诊断 | ${primary\_diagno} | | | | |
| 会诊目的 | ${consult\_aim} | | | | |
| 治疗方案 | ${treat\_advice} | | | | |
| 患者签名 | ${patient\_signature} | | | | |