وزارت بهداشت، درمان و آموزش پزشكي

پایگاه سلامت/ خانه بهداشت : ..................................................

مركزسلامت جامعه/ بهداشتي درماني : .....................................

مركز بهداشت شهرستان .....

سال: ..................

ليست ارجاع و مراقبت بيماران ديابتي

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| **رديف** | **نام و نام خانوادگي** | **شماره پرونده سلامت/خانوار** | **سن** | **تاريخ اولين مراجعه** | **اولين تاريخ تشخيص بيماري** | **برنامه ارجاع و مراقبت** | | | | | | | | | | | | | | | | | | | | | | | | **قطع پيگيري بدلائل** | | | |
| **فروردين** | | **ارديبهشت** | | **خرداد** | | **تير** | | **مرداد** | | **شهريور** | | **مهر** | | **آبان** | | **آذر** | | **دي** | | **بهمن** | | **اسفند** | | **بهبودي** | **فوت** | **مهاجرت** | **ساير** |
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**تاريخ مراقبتي كه توسط بهورز براي بيماران انجام مي گيرد در اين ستون نوشته شود.**

**تاريخ مراقبتي كه توسط پزشك براي بيماران انجام مي گيرد در اين ستون نوشته مي شود.**