|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件5 | | | | | | | | | | | | | | | | | | | |
| 淄博市基本医疗保险医疗康复记录表 | | | | | | | | | | | | | | | | | | | |
| 姓名： |  | | | 性别： | | |  | | | 年龄： | |  | | | 病案号： | | |  | |
| 身份证号： | | | |  | | | | | | 住院日期： | | | | |  | | | | |
| 临床诊断： | | | |  | | | | | | 治疗部位： | | | | |  | | | | |
| 康复  项目  时间  日期 | |  |  | |  |  | |  |  | |  | |  |  | |  | 病人签字 | | 治疗师签字 |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |