**State Autonomous Healthcare Institution "Zelenodolsk Central District Hospital"**

**422544, Republic of Tatarstan, Zelenodolsk, Gogol str., 1** E-mail: <http://crbz.ru/>

Doctor's consultation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­ (specialty) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the name of the doctor)

The patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name, date of birth)

date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Сomplaints of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of the disease:

Past illnesses or operations -

Allergic anamnesis –

Epidemiological anamnesis –

Surveys conducted (if available):

Objective evidence –

Growth of person –

Weight of a person –

Based on complaints, medical history, previous examinations, objective data, diagnose is:

Medical examination plan:

Medical treatment:

### Сonsent of the plan of examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###  (patient's signature)

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###  (doctor's signature)