**ENCAMINHAMENTO PARA REFERÊNCIA**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Data nasc.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número da teleconsultoria (se foi realizada): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O(a) paciente acima citado(a) está sendo **REFERENCIADO**  para a especialidade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ conforme o protocolo de acesso da Secretaria Estadual de Saúde por motivo de:

( ) Investigação diagnóstica

( ) Ausencia de resposta ao tratamento inicial proposto

( ) Ausência de recursos

( ) Outros \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quadro clínico do paciente:**

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**Co-morbidades:**

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**Medicações em uso:**

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**Exames já realizados (incluindo data e resultado):**

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**Pareceres já realizados:**

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**Hipótese Diagnóstica:**

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**Tratamentos já realizados e resposta clínica:**

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**DATA : \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ NOME, CRM e ASSINATURA MÉDICO**

**CARTA DE CONTRARREFERÊNCIA**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Data nasc.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O(a) paciente acima citado(a) está sendo **CONTRA-REFERENCIADO**  para voltar à **Unidade Básica de Saúde (UBS)**  por motivo de:

( ) Melhora clínica

( ) Estabilidade do quadro

( ) Outro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As seguintes **PATOLOGIAS** estão sendo (foram) acompanhadas**:**

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**Os seguintes TRATAMENTOS foram realizados:**

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**Para MONITORAMENTO destas patologias, o paciente:**

**( ) necessita retornar ( ) vezes por ano.**

**( ) não necessita retornar continuamente.**

**Na UBS, sugerimos que sejam programadas as seguintes ações para este paciente:**

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Qualquer dúvida médica ou intercorrência com o paciente, o médico assistente da UBS poderá fazer contato com o Serviço.

**DATA : \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ NOME, CRM e ASSINATURA MÉDICO**