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| Judeţul ……………...…….......…. | | | | |  |  |  | Nr.înregistrare SC | | | | | | |  |  |  |  |  |  |  |
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| Localitatea .................................... |  |  |  |  |  |  |  | CNP pacient |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Unitatea medicală ......................... | |  |  |  |  |  |  |  | | | | | | | | | | | | | |

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| Tipul de serviciu  de paliație\*: | | | Data preluării în serviciu | | | | | | | | | | | | | | |  | Data ieșirii din serviciu | | | | | | | | | | | | | | |  | Total zile | |
| Ora | | | |  | Ziua | |  | Luna | |  | Anul | | | |  | Ora | | | |  | Ziua | |  | Luna | |  | Anul | | | |  |
| ………………… |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *\* Se va specifica (după caz) : Unitate cu paturi sau Ingrijiri paliative la domiciliu* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# FOAIE DE OBSERVAŢIE CLINICĂ GENERALĂ

**ÎNGRIJIRI PALIATIVE**

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| **NUMELE** ................................................. | | | | | | | | | | | | | | | | | | | | **PRENUMELE** ................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | Sexul M/F | | | | | | | | | | |  | |
| **Data naşterii**: | | | | | zi | |  | | | |  | | lună | | |  |  | an | | | |  | |  | |  | | |  |  |  |  |  | | | |  | |  | | Grup sangvin: A/B/AB/0; Rh + / - | | | | | | | | | | | | | | | | | |
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| **Domiciliul legal**: | | | | | | | | Judeţul | | | | | | | |  |  | Localitatea....................................................... | | | | | | | | | | | | | | | | | Alergic la:............................................................. | | | | | | | | | | | | | | | | | | | | | | | |
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| Sector | |  | Mediul U/R | | | | | | | | | |  |  | | Str.............................................................................. | | | | | | | | | | | | | | | | | | | | Nr. ........... | | | | | | | | Bl. .......... | | | Sc. .......... | | | | | | Ap. ........... | | | | | |
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| **Reşedinţa**: judeţul | | | | | | | | | | |  | |  | Localitatea...................................................................... | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Sect. |  | | Mediul U/R | | | | | | | | | |  |  | | Str.............................................................................. | | | | | | | | | | | | | | | | | | | Nr. ........... | | | | | | | | | Bl. .......... | | | Sc. .......... | | | | | | Ap. ............ | | | | | |
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| **Cetăţenie**: | | | | Român | | | | | |  | | | Străin | | | |  | | Stare civilă: | | | | | | | | | ……..….......................... | | | | | | Telefon: | | | | | | | | .......................................................... | | | | | | | | | | | | | | | | | |
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| **Ocupaţia**: fără ocupaţie (1); salariat (2); lucrător pe cont propriu (3); patron (4); agricultor (5); elev/ student (6); şomer (7); pensionar (8) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Locul de muncă** ..................................................................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nivel de instruire**: fără studii (1); ciclu primar (2); ciclu gimnazial (3); şcoală profesională (4); liceu (5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| şcoală postliceală (6); studii superioare de scurtă durată (7); studii superioare (8); nespecificat (9) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **C.I / B.I.** seria | | | | | |  | | |  | | | Nr. | | |  | |  | | |  |  | |  | |  | | Certificat naştere (copil) seria | | | | | | | | | | | | |  | |  | | | Nr. | | |  | |  | |  | |  |  |  | |  | |

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| **Statut asigurat**: | | Asigurat CNAS | | | | | | | | |  |  | | Asigurare voluntară | | | | | | | | | | |  | | Neasigurat | | | | | | | | | |  | |
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| 1. Asig. oblig. CAS | | | |  | |  | 1. Asig. facultativă CAS | | | | | | | | | | |  | |  | 1. Acord internațional | | | | | | | |  | | 1. Card european | | | | | |  | |  | |
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| Nr.card european | | |  | |  | | |  |  |  | | |  | |  | |  | |  | | |  |  |  | |  | |  | |  | |  |  | |  | | |  | |  |

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| **Categ. asig. CNAS**: salariat (1); coasig. (2); pensionar (3); copil<18 ani (4); elev/ucenic/student 18-26 ani (5); | | | | | | | | | |  | | | | | |
| gravidă (6) veteran (7); revoluţionar (8); handicap (9); PNS (10); ajutor social (11); şomaj (12); alte (13) | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| **Tipul internării**: urgenţă (1); trimit. MF (2); trimit. ambulatoriu (3); transfer interspit. (4); la cerere (5); alte (9) | | | | | | | |  | | | |  | |  | |
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| **Criteriu eligibilitate pentru preluare în serviciu de paliație**: .......................................................................................................................... | | | | | | | | | | | | |  | | |
| **Aparținători:**  NUMELE ...................................................... | Grad de rudenie ............................................... | Telefon de contact ......................................... | | | | | | | | | | | | | |
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| **Medic de familie:** .................................................................................................................................................................................................... | | | | | | | | | | | | | | | |
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| **Diagnosticul de trimitere**: | | | | | | | | | | | | | | | |
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| **Diagnosticul la preluare în serviciu**: | | | | | | | | | | | | | | | |
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| **Complexitate nevoi de paliație la preluare:** | | | | | | Complex | | |  | (suferință severă/comorbidități) | | | | | | Necomplicat |  | (suferință ușoară/medie) | | | | | | | | | | | | | | | | | | | | |
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| **Prognostic estimat la admiterea în serviciu**: | | | | | | | | | | | | | | | | | | | | |
|  | Zile | | Săptămâni | |  | | | Luni | | |  | Ani | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Diagnosticul la 72 ore de la preluare**: ......................................................................................... | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | |  | | |  | |
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| **Diagnosticul principal la ieșirea din serviciu**: ......................................................................................... | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | |  | | |  | |  |  |  |  |  |
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| **Diagnostice secundare la ieșirea din serviciu (complicaţii / comorbidităţi)**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. ................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | | |  | |  | |
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| 2. .................................................................................................................................................................................... | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | | |  | |  | |
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| 3. .................................................................................................................................................................................... | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | | |  | |  | |
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| 4. .................................................................................................................................................................................... | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | | |  | |  | |
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| 5. ................................................................................................................................................................................... | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | | |  | |  | |
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| **Starea la ieșirea din serviciu:** vindecat (1); ameliorat (2); staţionar (3); agravat (4); decedat (5) |  |  | |
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| **Tipul externării:** externat (1); externat la cerere (2); transfer interspitalicesc (3); decedat (4) |  |  | |
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| **Data şi ora decesului:** | | | | zi |  |  | lună |  |  | an |  |  |  |  | oră |  |  |  |  |
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| Diagnostic în caz de deces: | | | | | | | | | | | | | | | | | | | | |
| I. |  | a. | Cauza directă (imediată) ............................................................................................................................. ....................................................................................................................................................................... | | | | | | | | | | | | | | | | | |
|  | b. | Cauza antecedentă ...................................................................................................................................... ..................................................................................................................................................................... | | | | | | | | | | | | | | | | | |
|  |  | Stări morbide iniţiale: | | | | | | | | | | | | | | | | | |
|  | a. | ..................................................................................................................................................................... ..................................................................................................................................................................... | | | | | | | | | | | | | | | | | |
|  | b. | ..................................................................................................................................................................... ..................................................................................................................................................................... | | | | | | | | | | | | | | | | | |
| II. |  | Alte stări morbide importante ............................................................................................... ........................... | | | | | | | | | | | | | | | | | | |
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| **Condiţii de viaţă şi muncă:** |
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| **Comportamente (fumat, alcool etc.):** |
| ........................................................................................................................................................................................ |
| ........................................................................................................................................................................................ |
| ........................................................................................................................................................................................ |
| **ANAMNEZA:** ........................................................................................................................................................................................ |
| a) Antecedente heredo-colaterale |
| ........................................................................................................................................................................................ |
| ........................................................................................................................................................................................ |
| ........................................................................................................................................................................................ |
| ........................................................................................................................................................................................ |
| b) Antecedente personale, fiziologice şi patologice |
| ........................................................................................................................................................................................ |
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| ........................................................................................................................................................................................ |
|  |
| c) Medicaţie de fond administrată înaintea preluării (inclusiv preparate hormonale şi imunosupresoare) |
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| **MOTIVELE SOLICITĂRII SERVICIULUI/ AȘTEPTĂRILE PACIENTULUI/FAMILIEI LA LUAREA ÎN EVIDENȚA SERVICIULUI DE PALIAȚIE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ISTORICUL BOLII:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EVALUARE HOLISTICĂ INIȚIALĂ** | | | | | | | | | | | | | | Data (zz/ll/aaa) | | | | | | | | | |  |  | | | / | | |  |  | | / | |  | | |  |  | |  | | |
| *Se va nota intensitatea semnelor și simptomelor pe o scala de la 1 la 10 sau scală verbală (ușoară, moderată, severă, neprecizată), după caz, minim la semnele și simptomele marcate cu \** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Starea de conştienţă:** .................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pacientul a fost mai confuz în ultimul timp? | | | | | | | | | | | Nu | | | |  | | Da | | |  | | Nu se cunoaște | | | | |  | | | Comă | | | | |  | | |  | | | | | |
| Scor MMSE ................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Starea de nutriţie**: | | | | Greutate | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Înălțime \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | | |  | | | | | | |  | | | | | | | |
| Normal | | |  | Precașexie | | | |  | Cașexie | | | | |  | Supraponderal/Obez | | | | | | |  | | |
| **Tegumente și Mucoase** Temperatură ............................................................ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | paloare .................................. hipersudoraţie ................ escare (grad) ..............................  cianoză .................................. erupţii ............................. limfedem/edem ..........................  icter ....................................... prurit ............................. fistulă .........................................  tumori ulcerate ...................... stome ............................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **........................................................................................................................................................................................................................................................................................................................................**  **Ţesut conjunctiv-adipos** .............................................................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Sistem ganglionar** ................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Sistem muscular** ........................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Sistem osteo-articular** ............................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | fracturi amputaţii altele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aparat respirator** .......................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | dispnee\*.................................. tuse\* .............................. sughiț .........................  pleurezie................................. hemoptizie ........................ altele .......................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aparat cardiovascular**: AV .................................................. Bătăi/ min. TA ............................. mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Aparat digestiv** ............................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | inapetenţă\* .......................... hipersalivaţie ...................... diaree ...................................................  disfagie\* .............................. pirozis ................................ hematemeză ........................................  xerostomie\* ......................... greaţă\* ................................. melenă ................................................  candidoză bucală ............... vărsături\* ............................. rectoragie ...........................................  disgeuzie ........................... constipaţie .......................... elemente patologice în scaun............  halenă ....................... absență tranzit pt gaze .......... ascită .................. meteorism .................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Alimentație**: | | | singur | |  | cu ajutor | | |  | sondă nazogastrică | | | | | | | | | | |  | | gastrostomă/jejunostomă | | | | | | | | | |  | | | | dietă | | | |  | | |
| **Aparat uro-genital** ........................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | poliurie ..................... hematurie ...................... secreţii vaginale/uretrale ...................  polakiurie .................. glob vezical .................. metroragie .........................................  disurie .......................... incontinenţă urinară ............ altele ................................................  oligo/anurie ...................... Pacient purtător de sondă urinară pampers condom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sistem nervos, endocrin, organe de simţ** ................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | deficit motor ............. tulburări senzitive (partestezii, distezii).......... compresie medulară ..........  tulburări senzoriale............... spasticitate/crampe musculare ...................... convulsii ...................  mioclonii ........................... altele ...........................  insomnie\* ........................... anxietate\* ........................... atac de panică ..........  depresie\* ........................... agitație psiho-motorie.......... altele ...........................  delir hipoactiv delir mixt ................. delir hiperactiv | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Evaluare iniţială** |  |  |  |  |  | Data (zz/ll/aaa) |  |  | / |  |  | / |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DURERE:** | Da |  | Nu |  | **Localizare si iradiere** | | | | | | | | | | | |
| Caracterul durerii (cum resimte pacientul durerea): | | | | |
| ………………………………………………………. | | | | |
| ………………………………………………………. | | | | |
| Mecanism probabil | | | | |
| Durere neuropată: | |  | Prin compresie | |
|  | | | | |
|  | |  | Prin distrucție | |
|  | | | | |
| Durere nociceptivă: | |  | Viscerală | |
|  | | | | |
|  | |  | Somatică | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Intensitatea durerii** (medie/24h, maxima) | | | | | | | | | | | | |
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| **Clasificarea temporală** (De când e durerea?) | | | | | | | | | | | | |
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| **Ce produce / Ce agravează durerea?** | | | | | | | | | | | | |
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| **Ce ameliorează?** (medicatie: doza, frecvența administrării, eficiența, toxicitate) | | | | | | | | | | | | |
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| **Ce consecinţe are durerea?** | | | | | | | | | | | | |
| Interferează cu starea generală |  |  | Interferează cu abilitatea de a merge | | | |  |  | Indispoziție |  | |
|  | | | | | | | | | | | | |
| Limitează activităţile curente |  |  | | Interferează cu relațiile cu alte persoane | | |  |  | Insomnie |  |
|  | | | | | | | | | | | | |
| Impiedică autoîngrijirea |  | Altele ……………………………………………..…. | | | | | | | |  | |
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| **Diagnostic durere:** | | | | |  |  | | | | | | |
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| *Exemplu : Durere cronică hemitorace stg posterior, mixtă, prin invazie tumorală a pereteleui toracic și leziuni nervi intercostali, intensitate medie, cu durere incidentă la tuse și mobilizare, suferință emoțională intensă.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **! Atenție la factorii de durere greu tratabilă** **sub diagnostic:** durere neuropată, durere incidentă, componentă non-fizică de durere, pacient confuz. | | | | | | | | | | | | |

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| **EVALUARE PSIHO-EMOȚIONALĂ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Evaluare iniţială** | | | | | | | | | | | | |  | | |  | | | | | |  | Data (zz/ll/aaa) | | | | |  | |  | | **/** |  | |  | | **/** |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Comunicarea cu pacientul:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Incapacitate fizică/psihică de comunicare cu pacientul .............................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Conștientizarea stadiului actual al bolii de către pacient: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pacientul înțelege diagnosticul: | | | | | | | | | | | | | | | | | | Pacientul înțelege prognosticul: | | | | | | | | | | Pacientul pediatric: | | | | | | | | | | | | | | |
|  | | Ințelegere deplină | | | | | | | | | | |  | | |  | | Ințelegere deplină | | | | | | | | | | ............................................................... | | | | | | | | | | | | | | |
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|  | | Ințelegere parțială | | | | | | | | | | |  | | |  | | Ințelegere parțială | | | | | | | | | | .............................................................. | | | | | | | | | | | | | | |
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|  | | Pacientul nu înțelege | | | | | | | | | | |  | | |  | | Pacientul nu înțelege | | | | | | | | | | .............................................................. | | | | | | | | | | | | | | |
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|  | | Pacientul nu comunică | | | | | | | | | | |  | | |  | | Pacientul nu comunică | | | | | | | | | | .............................................................. | | | | | | | | | | | | | | |
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| Pacientul dorește mai multe informații | | | | | | | | | | | | | | | | | | | Da |  | | Nu | | |  | |  | | | | | | | | | | | | | | | |
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| 1. **Conștientizarea bolii de către familie:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Conștientizarea stadiului actual al bolii de către familie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | | Înțelegere deplină | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | | Înțelegere parțială | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | | Nu înțelege | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | | Pacientul nu comunică cu familia, nu știe care este înțelegerea familiei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Pacientul discută deschis despre problemele actuale de sănătate cu familia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Da | | | |  | | | Nu | Precizați ................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Există obstacole în comunicarea deschisă între pacient/familie și personalul medical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Reacții emoționale la boală, la consecințele acesteia și opțiunile terapeutice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **„Vă simțiti deprimat”?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Recomandare pentru asistență psihologică** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | Pacient | | | | | | accept / refuz | | | | | | …………………………………………………………… | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | |  | | | Aparținători | | | | | | accept / refuz | | | | | | …………………………………………………………… | | | | | | | | | | | | | | | | | | | | | |
| 1. **Colaborarea pacientului cu personalul de îngrijire:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pacientul este : | | | | | | | | | | Compliant la tratament/îngrijiri | | | | | | | | | | | | | | | | Da | | | |  | | Nu | | |  | |  | | | | | |
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|  | | | | | | | | | | Cooperant la îngrijiri | | | | | | | | | | | | | | | | Da | | | |  | | Nu | | |  | |  | | | | | |

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| 1. **Luarea deciziilor:** | | | | | | | | | | | | |
| 1. Modul de implicare a pacientului/familiei în procesul decizional vizând managementul de caz: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | Preferința pacientului pentru decizie autonomă participativă | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | Preferința pacientului pentru decizie paternalistă (personalul clinic decide și informează pacientul) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | Preferința pacientului pentru delegarea deciziei către familie și personalul clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EVALUAREA SPIRITUALĂ - RELIGIOASĂ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Pacientul se simte împăcat sufletește** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | Da | | | Ce îl susține/ajută pe pacient ............................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | |  | Nu | | | | Ce temeri are? (că boala se extinde, timpul e limitat, suferința nu poate fi tratată de medic, | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | familia nu face față, internare în spital, nu sunt în ordine aspecte legate de moștenire, aspecte materiale etc.) | | | | | | | | | | | | | | | | | | | | | | | |
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| **Pacientul:** | | | | | | | | | | Credincios |  | | Confesiune, rit ........................................... | | | | | | Ateu | | | |  | | |
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| Practicant | | | | | | | | | | | |  | Nepracticant | |  |  | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | Credința este importantă: Da | | | | |  | Nu | |  |  | | | | |
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| Sprijin spiritual/religios din partea unei comunități ................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Familia:** | | | | | | | | | | Confesiune: |  | | Identică cu cea a pacientului | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | |  |  | | Diferită de cea a pacientului | | | | | | | | | | | | | | | | | | |
| În ce mod influențează confesiunea familiei asistența spirituală și religioasă acordate pacientului | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Pacientul dorește asistență spirituală și religioasă din partea echipei** | | | | | | | | | | | | | | | | | | | | | Da | | | |  | | Nu | |  | |
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| **EVALUAREA RISCULUI DE DOLIU PENTRU APARȚINĂTORI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recomandare pentru asistență în perioada de doliu : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numele persoanei: ………………………………………….…......... | | | | | | | | | | | | | | | | | Accept | | |  | | Refuz | | | | | |  | |
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| Locul preferat de îngrijire la sfârșitul vieții: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**EVALUARE STARE SOCIALĂ**

**Arbore genealogic**

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| **Suport social existent** | | | | | | | | | | | | | | | | | |  | |
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| Familia joacă un rol important în îngrijire: | | | | | | | Da |  | Nu |  | | | | Nu e cazul |  |
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| Persoana cheie implicată în îngrijirea pacientului: | | | | | | | | | | | | | | | | | |
| Nume, prenume ....................................................... | | | | Telefon  ........................................................... | | | | | | | | Relația cu pacientul  ........................................................... | | | | | |
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| Pacientul sau familia au nevoie de informații/sprijin pentru: | | | | | | | | | | | | | | | | | |
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|  | Obținere de drepturi legale |  | Îngrijire | |  | Administrare medicație | | | | |  | | Obținere beneficii/servicii sociale | | | |
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|  | Altele .......................................................................................................................................................................... | | | | | | | | | | | | | | | | |
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| Condiții de locuit: | | | | | | | | | | | | | | | | | |
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| Status financiar: | | | | | | | | | | | | | | | | | |
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| Nevoie de echipament (scaun cu rotile, cadru de mers, baston, cârjă, toaletă mobilă etc.) | | | | | | | | | | | | | | | | | |
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| Alte aspecte sociale | | | | | | | | | | | | | | | | | |
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**ÎNTÂLNIRI CU PACIENTUL ȘI APARȚINĂTORII vizând managementul cazului**

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| Data | | | | | Scopul | | | | | Rezumatul discuției/ Semnătura coordonatorului întâlnirii | | | | |
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| **COORDONAREA ÎNGRIJIRII** | | | | | | | | | | | | |
| **Discutarea cazului pacientului în întâlniri interdisciplinare** | | | | | | | | | | | | |
| Data | | | | | Problemă/Scop | | | | | Concluzii/ Semnătura coordonatorului întâlnirii | | |
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| **CONSULT CU ALTE DISCIPLINE** (în afara instituției/secției) | | | | | | | | | | | | |
| Data | | | | Problema / Scopul | | | | | | Rezultatul consultului | | |
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| **INVESTIGAȚII PARACLINICE:** | | | | | | | | | | |
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| **EPICRIZA:** | | | | | | | | | | |
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| **RECOMANDĂRI LA EXTERNARE / TRANSFER** | | | | | | | | | | |
|  |  | Tratament | | | ..............................................................................................................................................  .............................................................................................................................................. | | | | | |
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|  |  | Rețetă | | | .............................................................................................................................................  ..................................................................................................................................  .................................................................................................................................. | | | | | |
|  | (se vor specifica medicamentele prescrise) | | | |
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|  |  | Concediu medical | | | .............................................................................................................................................. | | | | | |
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|  |  | Altele recomandări (precizați) | | | | ........................................................................................................................ | | | | |
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| Medic | | | | | | | | | | ...................................................... |
| Departament / Secție | | | | | | | | | | ....................................................... |
| Semnătura și parafa medicului | | | | | | | | | | ....................................................... |
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**PLAN DE MANAGEMENT INTERDISCIPLINAR**

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| *(la nevoie, completare prin Foaie repetitivă)* | Semnătura pacient/ apartinator  (specificat Nume, Prenume)  ....................................................  .................................................... |
| **COORDONATOR DE CAZ ...........................................…………………………………………………………** |

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| Data/ | Probleme/ Nevoi | Obiectiv/ Intervenții/ Responsabil(i)  Intervenții | Revizuire 1, 2, 3 / Data /Semnătura |
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**PLAN DE MANAGEMENT INTERDISCIPLINAR**

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| *(la nevoie, completare prin Foaie repetitivă)* | Semnătura pacient/ apartinator  (specificat Nume, Prenume)  ....................................................  .................................................... |
| **COORDONATOR DE CAZ ...........................................…………………………………………………………** |

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| Data/ | Probleme/ Nevoi | Obiectiv/ Intervenții/ Responsabil(i)  Intervenții | Revizuire 1, 2, 3 / Data /Semnătura |
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**GRAFIC EVOLUȚIE SIMPTOME**

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| **SIMPTOM** | **VERBAL** | **VAS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DURERE** | **Sever** | **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Moderat** | **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Usor** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FATIGABILITATE**  (ROȘU)  **STARE DE BINE**  (ALBASTRU)  **DISPNEE**  (NEGRU) | **Sever** | **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Moderat** | **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Usor** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **INAPETENȚĂ**  (ROȘU)  **GREAȚĂ/VOMĂ**  (ALBASTRU)  **CONSTIPAȚIE**  (NEGRU | **Sever** | **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Moderat** | **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ANXIETATE**  (ROȘU)  **DEPRESIE**  (ALBASTRU)  **INSOMNIE**  (NEGRU | **Sever** | **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Moderat** | **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Usor** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Sever** | **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Moderat** | **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Usor** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**FOAIE DE EVOLUŢIE ŞI INTERVENȚII ALE ECHIPEI INTERDISCIPLINARE**

*(la nevoie, completare prin Foaie repetitivă)*

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| Data | Evoluție / Intervenție | Profesie/  Semnătura |
|  |  |  |

**FOAIE DE EVOLUŢIE ŞI INTERVENȚII ALE ECHIPEI INTERDISCIPLINARE**

*(la nevoie, completare prin Foaie repetitivă)*

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| --- | --- | --- |
| Data | Evoluție / Intervenție | Profesie/  Semnătura |
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