重庆市工伤职工康复治疗方案 表4—2

单位名称：

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | 身份证号 | |  | | 床号 | |  |
| 病情摘要 |  | | | | | | | | | | | |
| 目前诊断 |  | | | | | | | | | | | |
| 康复评估 |  | | | | | | | | | | | |
| 主要功能障碍 | |  | | | | | | | | | | |
| 康复治疗计划 | 项目名称及部位 | | | 治疗作用 | | | 疗程 | | 预期效果 | | 预计费用 | |
|  | | |  | | |  | |  | |  | |
|  | | |  | | |  | |  | |  | |
|  | | |  | | |  | |  | |  | |
| 本阶段计划康复时间 | | | | |  | | | | | | | |
| 初期目标 |  | | | | | | | | | | | |
| 中期目标 |  | | | | | | | | | | | |
| 远期目标 |  | | | | | | | | | | | |
| 科室意见 | 主管医生： 科室主任： | | | | | | | | | | | |
| 医疗机构意见 | 经办人： 年 月 日 | | | | | | | | | | | |
| 社会保险经办机构意见 | 经办人： 年 月 日 | | | | | | | | | | | |