**FORM OF THE DIARY AT THE BASIS OF PRACTICE**

**SURVEYED PATIENTS IN THE RECEPTION DIVISION OF THE HOSPITAL**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Full name of the patient, age | Clinical diagnosis, survey plan with interpretation of the results | Treatment of the patient (when prescribing medicines, it is necessary to indicate the dose of drugs and the duration of therapy) |
| 1. |  |  |  |
| 2. |  |  |  |

**SURVEYED PATIENTS IN THE RECEPTION DIVISION OF THE AMBULANCE STATION**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Full name of the patient, age | Clinical diagnosis, survey plan with interpretation of the results | Treatment of the patient (when prescribing medicines, it is necessary to indicate the dose of drugs and the duration of therapy) |
| 1. |  |  |  |
| 2. |  |  |  |