Legeopplysning ved søknad om LAR – behandling

**Pasient**

Navn:………………………………………… Fnr:………………………….

**Fastlege (evt. andre behandlende leger)**

Navn: ………………………………….....

Adresse: …………………………………….

Tlf.nr (som legen kan nås på): ……………………

E-mail (evt. fax): ………………………………….

**Hvor lenge har du vært pasientens lege:** ……………………………………………

**Tidligere somatiske sykdommer, skader og sykehusinnleggelser (tidsrom og sted):**

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**Tidligere psykiske sykdommer (inkl. suicidalitet) og sykehusinnleggelser (tidsrom og sted):**

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**Overdoser (antall, siste tilfelle):**

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**Blodsmittevirus og vaksinasjonsforhold:**

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**Fast foreskriving av medikamenter, A, B og C-preparater:**

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**Prevensjonsbruk/prevensjonsveiledning:**

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**Aktuelle fysiske og psykiske plager:**

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**Helsetilstand: Dato:**

BT:\_\_\_ Vekt:\_\_\_ Høyde: \_\_\_\_

**Ernæringstilstand:**

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**Psykisk status:**

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**Somatisk status inklusiv EKG (spesielt fokus på QT-tid):**

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Blodprøvesvar (Hb, Hv, Trombocytter, kreatinin, ALAT, GGT, albumin, INR, TSH, F-T3, F-T4, HAV-IgG, HBsAst, HBcAst, HCV-ast, HIV, CRP bes vedlagt)

Oversikt over verdiene på: Mg, Vitamin D, Folat, B12, Jern, S-Ferritin, Na, K, Ca (bes vedlagt)

**Konklusjon med helhetlig vurdering av pasientens helsesituasjon:**

1. Psykisk helse:

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1. Somatisk helse:

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1. Er kravene for ICD-10, F11.2 oppfylt? Ja Nei
2. Utskrift av kartleggingsskjemaet AUDIT
3. Utskrift av kartleggingsskjemaet DUDIT

Dato, signatur (stempel)

Stavanger 19.05.15

KR/TLE/NV

Helse Stavanger