

HLÁSENIE O PACIENTOVI S DIABETES MELLITUS - DETI  
 rok 2018

| Identifikácia zariadenia                              | Rok spracovania: <input type="text"/>  | Mesiac spracovania: <input type="text"/>               | Dátum vyplnenia hlásenia: <input type="text"/>   |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|---|--|--|--|--------------------------|--------------------------|--------|-------------------------|-----------------------------|--------------------------|--------------------------|----------------------|----------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
|   | Názov zariadenia (dopočítaný údaj): <input type="text"/>   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Identifikácia pacienta                                | Príezvisko a meno lekára vyplňujúceho hlásenie: <input type="text"/>   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | IČO PZS: <input type="text"/>  | Kód PZS: <input type="text"/>                          |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Identifikácia pacienta                                | Meno: <input type="text"/>   | Príezvisko: <input type="text"/>                       | Pohlavie (dopočítaný údaj): <input type="checkbox"/>   |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Rodné číslo: <input type="text"/>  | Dátum narodenia (dopočítaný údaj) <input type="text"/> | Vek (dopočítaný údaj): <input type="text"/>  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Stavovanie diagnózy DM                                | Trvalé bydlisko: ulica, č.d. <input type="text"/>  |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Obec: <input type="text"/>   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Stavovanie diagnózy DM                                | Dátum zistenia diabetu: <input type="text"/>   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Typ diabetu: 1 - typ 1 (IDDM) 2 - typ 2 (NIDDM) 3 - gestačný 4 - patologický OGTT 5 - typ iný <input type="checkbox"/> ak iný, uveďte: (napr. MODY) <input type="text"/>   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Rodinná anamnéza                                      | OCHORENIA V RODINE   |  | SÚRODENCI  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | <table border="1"> <thead> <tr> <th></th> <th>Otec</th> <th>Matka</th> <th>Bratia</th> <th>Sestry</th> <th>d'alší pokrvní príbuzní</th> </tr> </thead> <tbody> <tr> <td>DMtyp1 (u súrodencov počet)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DMtyp2 (u súrodencov počet)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Infarkt myokardu</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cievna mozgová príhoda</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hypertenzia</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Obezita</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ochorenia štítnej žľazy</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Celiakia</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Autoimunitné ochorenia</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Alergie</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |  | Otec   | Matka                    | Bratia                   | Sestry | d'alší pokrvní príbuzní | DMtyp1 (u súrodencov počet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | DMtyp2 (u súrodencov počet) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infarkt myokardu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cievna mozgová príhoda | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hypertenzia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obezita | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ochorenia štítnej žľazy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Celiakia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Autoimunitné ochorenia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alergie | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Celkový počet bratov: <input type="text"/><br><br>Celkový počet sestier: <input type="text"/> |
|   | Otec   | Matka  | Bratia   | Sestry                   | d'alší pokrvní príbuzní  |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| DMtyp1 (u súrodencov počet)                           | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="text"/>   | <input type="text"/>     | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| DMtyp2 (u súrodencov počet)                           | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Infarkt myokardu                                      | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Cievna mozgová príhoda                                | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Hypertenzia   | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Obezita   | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Ochorenia štítnej žľazy                               | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Celiakia  | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Autoimunitné ochorenia                                | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Alergie   | <input type="checkbox"/>   | <input type="checkbox"/>                               | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Osobná anamnéza                                       | Tehotenstvo a pôrod: <input type="checkbox"/>  |  | Dieťa kriesené: 1 - áno 2 - nie 9 - neznáme <input type="checkbox"/>   |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Poradie tehotenstva, z ktorého je pacient s DM <input type="text"/><br>pôr.hmotnosť (g) <input type="text"/><br>pôr.dĺžka (cm) <input type="text"/><br>Prekonané ochorenia: parotitis <input type="checkbox"/> varicella <input type="checkbox"/> rubeola <input type="checkbox"/> scarlatina <input type="checkbox"/>   |  | gestaačný vek (týž.) <input type="text"/><br>Plne dojčené do (mes.) <input type="text"/><br>Mliečne prídavky od (mes.) <input type="text"/>  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Predchorbie a chronické ochorenia dieťaťa             | Posledný prekonaný akútny infekt pred DM (výber): 01 - infekt HDC 02 - infekt DDC 03 - choroby ucha 04 - choroby oka a jeho adnexov <input type="checkbox"/>   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | 05 - gastrointestinálne ťažkosti 06 - choroby močovej a pohlavnej sústavy 07 - Iné akútne ochorenie "iné" ochorenie upresni: <input type="text"/><br>Čas prekonaného infektu pred zistením diabetu (v týždňoch) <input type="text"/> týž.  |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Špecifické klinické príznaky (pred stanovením dg. DM) | Liečba kortikosteroidmi v poslednom roku: 1 - áno 2 - nie 9 - neznámy/neudany <input type="checkbox"/><br>Ochorenia/stav, pre ktorý boli podávané kortikoidy: vypíši: <input type="text"/> <input type="checkbox"/> údaj neznámy<br>Závažné chronické ochorenie dieťaťa: vypíši: <input type="text"/>  |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Uveďte aj dátum, odkedy sú ťažkosti prítomné (pri neznámom dni, uveďte posledný deň v danom mesiaci):<br><table border="1"> <thead> <tr> <th></th> <th>deň</th> <th>mesiac</th> <th>rok</th> </tr> </thead> <tbody> <tr> <td>Polydipsia</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Polyúria</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Polyfágia</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> Balanitída/ Vulvitída <input type="checkbox"/><br>Neprimeraná únava <input type="checkbox"/><br>Pokles hmotnosti <input type="checkbox"/> Pokles hmotnosti (kg) <input type="text"/> kg<br>- známy údaj  |  |  |                          | deň                      | mesiac | rok                     | Polydipsia                  | <input type="text"/>     | <input type="text"/>     | <input type="text"/> | Polyúria             | <input type="text"/>     | <input type="text"/>        | <input type="text"/>     | Polyfágia                | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | deň  | mesiac   | rok  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Polydipsia  | <input type="text"/>   | <input type="text"/>                                   | <input type="text"/>   |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Polyúria  | <input type="text"/>   | <input type="text"/>                                   | <input type="text"/>   |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Polyfágia   | <input type="text"/>   | <input type="text"/>                                   | <input type="text"/>   |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| TK a antropometrické ukazovatele (k dátumu prijatia)  | Hodnota systolického tlaku: <input type="text"/> Torr  |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Hodnota diastolického tlaku: <input type="text"/> Torr   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Laboratórne výsledky - k dátumu prijatia              | Hmotnosť pri prijatí: <input type="text"/> kg  |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Výška pri prijatí: <input type="text"/> cm   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Laboratórne výsledky - k dátumu prijatia              | LABORÁTORNE VÝSLEDKY - k dátumu prijatia   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Vstupná glykémia (mmol/l) <input type="text"/> mmol/l<br>Ketoacidóza 1 - áno 2 - nie 9 - neznámy <input type="checkbox"/><br>Výšetrenie odpadu glukózy v moči 1 - áno 2 - nie 9 - neznámy <input type="checkbox"/><br>Odpad glukózy v moči ( mmol/l/ 24 hod.) <input type="text"/> mmol/l<br>Hodnota mikroalbuminúrie (µg/ 1 min) <input type="text"/> µg<br>Hodnota kreatinínu (µmol/l) <input type="text"/> µmol/l   |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Liečba a stav pacienta                                | Denná dávka inzulínu pri prepustení: <input type="text"/><br>v jednotkách<br>počet jednotiek na kg hmotnosti (dopočítaný údaj) <input type="text"/><br>Počet podaní inzulínu denne <input type="text"/><br>Kompenzácia: 1 - výborná 2 - dobrá 3 - primeraná 4 - zlá <input type="checkbox"/>   |  | Inzulínová pumpa <input type="checkbox"/><br>Iná medikamentózna liečba <input type="text"/><br>Komplikácie: Retinopatia 1 - pozit. + 2 - pozit. ++ 3 - pozit. +++ 4 - nevyšetrená bez retinopatie <input type="checkbox"/><br>Nefropatia 1 - pozit. + 2 - pozit. ++ 3 - pozit. +++ 4 - nevyšetrená bez nefropatie <input type="checkbox"/><br>Neuropatia 1 - pozit. + 2 - pozit. ++ 3 - pozit. +++ 4 - nevyšetrená bez neuropatie <input type="checkbox"/> |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
|   | Hmotnosť pri prepustení: <input type="text"/> kg<br>Výška pri prepustení: <input type="text"/> cm  |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |
| Poznámka  | Doplňujúce informácie do registra (stručne): napr. o inej závažnej dg. v rodine (ak nepostačí ponúkaný výber dg) a o ev. úmrtí pacienta v nemocnici  |  |  |                          |                          |        |                         |                             |                          |                          |                      |                      |                          |                             |                          |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |             |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |                         |                          |                          |                          |                          |                          |          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                          |         |                          |                          |                          |                          |                          |   |