|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | ............................................................ | | | | | Załącznik nr 2 do Zarządzenia Nr 20/2022  Dyrektora MOPR w Słupsku  z dnia 29 marca 2022 r. | | | |
|  | | *(pieczęć zakładu opieki zdrowotnej lub gabinetu lekarskiego)* | | | | |  | | | |
| **Wniosek lekarza o skierowanie na turnus rehabilitacyjny** | | | | | | | | | | |
|  | Imię i nazwisko ................................................................................................................................................................................................................................. | | | | | | | | |  |
|  | PESEL albo numer dokumentu tożsamości ................................................................................................................. | | | | | | | | |  |
|  | Adres zamieszkania\* | | | | ..................................................................................................................................................................................................................................................... | | | | |  |
|  | **Rodzaj schorzenia lub dysfunkcji\*\*** | | | | | | | | |  |
|  |  | | dysfunkcja narządu ruchu | | | | |  | dysfunkcja narządu słuchu |  |
|  |  | | osoba poruszająca się na wózku inwalidzkim | | | | |  |  |  |
|  |  | | dysfunkcja narządu wzroku | | | | |  | upośledzenie umysłowe |  |
|  |  | | choroba psychiczna | | | | |  | padaczka |  |
|  |  | | schorzenie układu krążenia | | | | |  | inne (jakie?) ............................................. .................................................................. |  |
|  | **Konieczność pobytu opiekuna na turnusie** | | | | | | | | |  |
|  |  | | NIE | | | | | | |  |
|  |  | | TAK | uzasadnienie ...................................................................................................................................................................................... ......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | | | | | |  |
|  | **Uwagi:** | | | | | | | | |  |
|  |  | | .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | | | | | | |  |
|  | \* W przypadku osoby bezdomnej wpisać miejsce pobytu. \*\* Właściwe zaznaczyć. | | | | | | | | |  |
|  | ............................................. | | | | | | ........................................................... | | |  |
|  | *(data)* | | | | | *(pieczątka i podpis lekarza)* | | | |  |
|  | | | | | | | | | | |