**O êxito da ação judicial para a solicitação do medicamento depende do preenchimento completo deste questionário.**

Relatório Médico

Paciente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Idade: \_\_\_\_\_\_\_\_\_\_ Peso: \_\_\_\_\_\_\_\_\_\_ Altura: \_\_\_\_\_\_\_\_\_\_

Data de nascimento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endereço: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Médico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Quais as características e sintomas da patologia que acomete o paciente?

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1. E há quanto tempo a doença foi diagnosticada? Há quanto tempo é feito tratamento?

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1. Qual o CID?

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1. Qual o tratamento indicado para a patologia que acomete o paciente, incluindo a posologia?

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1. O tratamento indicado pode ser caracterizado como eletivo ou de urgência/ emergência? Qual o tempo máximo de espera para sua realização? Qual o risco, caso não seja tratado da forma prescrita?

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1. Quais são os fármacos disponibilizados pelo SUS para o tratamento da patologia que acomete o paciente? Eles são eficazes para este caso? Caso não seja eficaz, detalhe os motivos.[[1]](#footnote-1)

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1. O tratamento indicado está de acordo com os Protocolos Clínicos e Diretrizes Terapêuticas do Ministério da Saúde?

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1. O tratamento indicado pode ser substituído pelas demais alternativas fornecidas pelo SUS? Na hipótese de possibilidade de substituição, qual a alternativa médica indicada?

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1. Os tratamentos disponibilizados pelo SUS ou descritos nos Protocolos Clínicos e Diretrizes Terapêuticas do Ministério da Saúde são ineficazes ou impróprios ao quadro clinico apresentado pelo paciente?

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1. Os medicamentos indicados podem ser substituídos pelos medicamentos fornecidos pelo SUS ou por de menor custo? Na hipótese de possibilidade de substituição, qual a melhor indicação, posologia e modo de administração?

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1. Na hipótese do medicamento indicado ser composto pela associação fixa de dois ou mais princípios ativos, é possível sua substituição pelo conjunto formado por dois ou mais medicamentos fornecidos pelo SUS, cada qual com um dos respectivos fármacos? Sendo possível, indicar a posologia e o modo de administração.

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1. Qual o tempo de utilização dos medicamentos indicados ou tratando-se de uso continuo ou por tempo indeterminado, qual o prazo ou periodicidade indicada para reavaliação de sua prescrição?

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1. Outros esclarecimentos, que repute adequado ao conhecimento deste juízo:

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O subscritor se responsabiliza pela veracidade das informações prestadas, que servirão de prova em processo judicial, bem como declara inexistir qualquer conflito de interesses na espécie.

Local: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data: ­­

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Endereço:

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Telefone e e-mail para contato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARIMBO E ASSINATURA:

1. **De acordo com o entendimento dos Tribunais Superiores a prescrição de fármacos/ tratamentos não listados nos protocolos clínicos requer relatório detalhado acerca da inefetividade dos fármacos/ tratamentos que são disponibilizados pelo SUS** [↑](#footnote-ref-1)