附件3

严重精神障碍患者撤管情况台账

填报单位：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 患者姓名 | 身份证号 | 户籍地 | 居住地 | 卫生库/  公安库 | 拟撤管  理由 | 是否撤管 | 不同意撤管原因 | 备注 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

审核人： 填报人： 填报时间: