**NOTA DE URGENCIAS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NOMBRE DEL JEFE DE FAMILIA: | | |  | | | | | | | | | | | | |
| NOMBRE DEL PACIENTE: | |  | | | | | EDAD: |  | GÉNERO: | | | M | | F | |
| EXPEDIENTE: |  | | | CURP: |  | FECHA DE NACIMIENTO: | | | |  |  | |  | |
| DOMICILIO: |  | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| FECHA |  |
| HORA |  |
| PESO |  |
| TALLA |  |
| T/A |  |
| F.C. |  |
| F.R. |  |
| TEMP. |  |
| C.C. |  |
| SPO2 |  |
| GLICEMIA |  |
| I.M.C. |  |