HISTORIA CLINICA RECREARTE

fecha:

NOMBRE Y APELLIDO:

FECHA DE NACIMIENTO: EDAD:

DNI:

LUGAR DE NACIMIENTO:

DIRECCION ACTUAL:

TELEFONO DE REFERENCIA:

EQUIPO Y/O MÉDICOS DE REFERENCIA:

INTEGRANTES DEL GRUPO FAMILIAR

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| N\* | APELLIDO Y NOMBRE | DIRECCIÓN | TELÉFONO DE CONTACTO | REFERENCIA |
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1. ANTECEDENTES FAMILIARES DE RELEVANCIA

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1. ANTECEDENTES PERSONALES (patologicos, quirurgicos, ginecologicos, de relevancia)

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1. INTOLERANCIA A MEDICAMENTOS

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1. OCUPACIÓN:

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1. EDUCACIÓN

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DATOS DE LA VIDA COTIDIANA

1. ALIMENTACIÓN (requerimientos, dieta, aportes)

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1. SUEÑO

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1. ACTIVIDAD FÍSICA

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1. ESQUEMA DE APLICACIÓN DE VACUNAS (adjuntar)

1. INDICACIONES DE MEDICAMENTOS

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Control y seguimiento: fecha:

TELEFÓNICO: FAMILIAR/PERSONAL

VITALES

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| TA | T | FR | FC | SAT 02 |

ANTROPOMETRÍA

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| PESO | TALLA | IMC | PC |

EXAMEN POR APARATO

1.DESARROLLO PSICOMOTRIZ:

* MOTRICIDAD
* LENGUAJE
* CONDUCTA SOCIAL

2.PIEL Y FANERAS:

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3.AUDICIÓN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.VISION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5.PULMONAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6.CARDIACO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7.ABDOMINAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8.MMSS - MMII

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ADJUNTAR DE SER NECESARIO ESTUDIOS COMPLEMENTARIOS BRINDADOS.

EVALUACIÓN GENERAL

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RECOMENDACIONES

Milagros Quilici

MEDICA