|  | BIENESTAR ESTUDIANTIL |
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| **ANTECEDENTES MÉDICOS** |

Apreciados padres de familia. A continuación encontrarán el formato para el registro de la información médica de los estudiantes requerida por el Colegio. **Por favor tenga en cuenta que este formato debe ser diligenciado únicamente por el pediatra del niño/a.**

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| 1. **DATOS GENERALES DEL ESTUDIANTE** | | | | | | | | | | |
| **NOMBRE DEL ESTUDIANTE** |  | | | | | | **FECHA** | | **DD/MM/AAAA** | |
| **CURSO AL QUE INGRESA** |  | **FECHA DE NACIMIENTO** | | | **DD/MM/AAAA** | | | **EDAD (AA/MM)** | | **AA/MM** |
| **TIPO DE DOCUMENTO** |  | **# DOCUMENTO DE IDENTIDAD** | | | |  | | | | |
| **NOMBRE DEL PADRE** |  | | | | | | | | | |
| **OCUPACIÓN** |  | | **TELÉFONO(S)** | | |  | | | | |
| **NOMBRE DE LA MADRE** |  | | | | | | | | | |
| **OCUPACIÓN** |  | | **TELÉFONO(S)** | | |  | | | | |
| **EPS A LA QUE ESTÁ AFILIADO EL ESTUDIANTE** |  | | | | | | | | | |
| **PLAN DE MEDICINA PREPAGADA** |  | | | | | | | | | |
| **INSTITUCIÓN A LA QUE DEBE ENVIARSE EN CASO DE EMERGENCIA** | |  | | | | | | | | |
| **MÉDICO TRATANTE** |  | | | **TELÉFONO(S)** | |  | | | | |

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| **II.ANTECEDENTES PRENATALES** | | | | | | | | | | | | | | | | | |
| Número total de embarazos | |  | | | | Edad de la madre en el momento del parto | | | | | | | | |  | | |
| Duración del embarazo | |  | | | | Tipo de parto | | |  | | | | | | | | |
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| ¿Se presentaron problemas durante la gestación? | | | | | | Si | | | |  |  | No | |  | |  | |
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| ¿Cuáles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
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| ¿Se presentaron problemas durante el parto? | | | | | | Si | | | |  |  | No | |  | |  | |
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| ¿Cuáles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
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| ¿El niño/a debió permanecer en la unidad de cuidados intensivos? | | | | | | | | Si | |  |  | | No | |  | |  |
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| ¿Por qué motivo? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
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| ¿Recibió leche materna? | Si |  |  | No |  | | ¿Durante cuántos meses? | | | | | | | | | |  |
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| 1. **HISTORIA DEL DESARROLLO PSICOMOTOR** | | | |
| A qué edad (en meses): | | | |
| Sostuvo la cabeza |  | Gateó |  |
| Se sentó |  | Caminó |  |
| Tuvo control de esfínteres diurno |  | Tuvo control de esfínteres nocturno |  |

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| 1. **HISTORIA DEL DESARROLLO DEL LENGUAJE** | | | |
| A qué edad (en meses): | | | |
| Inició el balbuceo |  | Dijo sus primeras palabras |  |
| ¿Presentó algún tipo de retraso en el desarrollo del lenguaje? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| 1. **ANTECEDENTES PATOLÓGICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ENFERMEDADES QUE HA PADECIDO O PRESENTA ACTUALMENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Asma | | | | | |  | |  | |  | | |  | | | Hepatitis A | | | | | | | | | | |  | | | |  |  | | | |  | | | Migraña | | | | | | | | |  | | | |  | | |  |  |  | | |
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| Diabetes | | | | | |  | |  | |  | | |  | | | Hipoglicemia | | | | | | | | | | |  | | | |  |  | | | |  | | | Otitis media | | | | | | | | |  | | | |  | | |  |  |  | | |
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| Epilepsia | | | | | |  | |  | |  | | |  | | | Infección urinaria | | | | | | | | | | |  | | | |  |  | | | |  | | | Paperas | | | | | | | | |  | | | |  | | |  |  |  | | |
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| Faringoamigdalitis | | | | | |  | |  | |  | | |  | | | Meningitis | | | | | | | | | | |  | | | |  |  | | | |  | | | Rinitis | | | | | | | | |  | | | |  | | |  |  |  | | |
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| Otras | | | | | ¿Cuáles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANTECEDENTES TRAUMÁTICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ha presentado: | | | | Fracturas | | | | | | | | | | |  | | | | | Esguinces | | | | | | | |  | | | | Luxaciones | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |
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| ¿En qué parte del cuerpo? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | ¿En qué fecha? | | | | | | | | |  | | | | | | | | | | | | |
| **ANTECEDENTES FARMACOLÓGICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿El estudiante se encuentra en tratamiento médico? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | |  | | | | NO | | | | |  | | | |  | | | | | | | | | | | | | |
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| ¿Cuál? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANTECEDENTES FAMILIARES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| En la familia (padres, hermanos, abuelos), han presentado enfermedades como: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Asma | | | |  | | |  | | | |  | | |  | | | |  | | | | | | | | | Hipotiroidismo | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | | | | | | | |  |
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| Artritis | | | |  | | |  | | | |  | | |  | | | |  | | | | | | | | | Hipoglicemia | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | | | | | | | |  |
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| Diabetes | | | |  | | |  | | | |  | | |  | | | |  | | | | | | | | | Cáncer | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | | | | | | | |  |
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| Migraña | | | |  | | |  | | | |  | | |  | | | |  | | | | | | | | | Hipertensión | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | | | | | | | |  |
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| Infartos | | | |  | | |  | | | |  | | |  | | | |  | | | | | | | | | Epilepsia | | | | | | | | | | | |  | |  | |  | |  | | | | |  | | | | | | | | |  |
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| Otros | | ¿Cuáles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANTECEDENTES QUIRÚRGICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Le han realizado alguna cirugía? | | | | | | | | | | | | | | | | | | SI | | | |  | | | | NO | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Cuál? | | |  | | | | | | | | | | | | | | | | | | | | | | | | ¿En qué fecha? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **ANTECEDENTES HOSPITALARIOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿El estudiante ha sido hospitalizado? | | | | | | | | | | | | | | | | | | | SI | | |  | | | | NO | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Motivo | |  | | | | | | | | | | | | | | | | | | | | | | | | | | ¿En qué fecha? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **ANTECEDENTES ALÉRGICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ha presentado alergias a: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Cambios de temperatura | | | | | | | | |  | | | Colorantes | | | | | | | | | | |  | | Polvo casero | | | | | | | | | |  | | | Picadura de insectos | | | | | | | | | | | | |  | | |  | | | | | |
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| Alimentos | | | | | | | | |  | | | Especifique:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Medicamentos | | | | | | | | |  | | | Especifique: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Otros | ¿Cuáles? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AUDIOMETRIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha y resultado del último examen de audiometría: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OPTOMETRÍA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha y resultado del último examen de optometría: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Usa corrección óptica? | | | | | | | | | | | | SI | | | | |  | | | | NO | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TRATAMIENTOS RECIBIDOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Terapia Ocupacional | | | | | | | | |  | | | Observaciones: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Fonoaudiología | | | | | | | | |  | | | Observaciones: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Psicología | | | | | | | | |  | | | Observaciones: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Psiquiatría | | | | | | | | |  | | | Observaciones: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Neurología | | | | | | | | |  | | | Observaciones: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Ortóptica | | | | | | | | |  | | | Observaciones: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Medicina Alternativa | | | | | | | | |  | | | Observaciones: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Otros | | | | | | | | |  | | | ¿Cuáles? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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NOMBRE DEL PEDIATRA FIRMA Y SELLO