**DATOS BIOGRÁFICOS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre Primer Apellido Segundo Apellido

No. Identificación: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_

Lugar de Nacimiento:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

País Provincia Cantón Distrito

Edad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ años Sexo: Femenino Masculino

Estado Civil: Soltero Casado Unión Libre

Viudo Divorciado Otro\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grupo Sanguíneo RH

A B AB O + -

Profesión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección Exacta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Móvil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

En caso de Emergencia llamar a:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre Parentesco Teléfono

Fecha: \_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_

**ANAMNESIS**

**ANTECEDENTES PERSONALES PATOLÓGICOS Y NO PATOLÓGICOS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PATOLOGÍA** | **SI** | **NO** | **PATOLOGÍA** | **SI** | **NO** |
| Tabaquismo |  |  | Consumo de Alcohol |  |  |
| Ingesta de Medicamentos |  |  | Alcoholismo Actual o Previo |  |  |
| Se encuentra o ha estado en rehabilitación física o mental |  |  |  |  |  |

**HA RECIBIDO TRATAMIENTO CON:**

|  |  |  |
| --- | --- | --- |
|  | SI | NO |
| Insulina |  |  |
| Otros Hormonales |  |  |

**PADECE O HA PADECIDO DE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SI | NO |  | SI | NO |
| Dolor de Cabeza |  |  | Vértigo |  |  |
| Epilepsia (Convulsiones) |  |  | Depresión |  |  |
| Otra Enfermedad Nerviosa |  |  | Dolor de Pecho (Precordial) |  |  |
| Disnea o Falta de Aire |  |  | Presión Alta |  |  |
| Enfermedades de los ojos u oídos |  |  | Diabetes |  |  |
| Usa lentes para conducir |  |  | Usa lentes para leer |  | |
| Autorización para donar órganos si muere en accidente |  |  |  | | |
| Otra |  |  |  | | |

|  |  |
| --- | --- |
| Observaciones |  |

**EXAMEN FÍSICO**

**SISTEMA CARDIOVASCULAR**

|  |  |  |
| --- | --- | --- |
| Pulso |  | Regularmente de 50 a 100 |
| T. Arterial |  | ( de 100 a 150) / ( de 50 a 100) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SI | NO |  | SI | NO |
| Soplos |  |  | Arritmias |  |  |
| Disnea |  |  | Dolor Precordial |  |  |
| Edemas |  |  | Observaciones |  | |

**SISTEMA MUSCOESQUELÉTICO**

|  |  |
| --- | --- |
| Talla | Cm |
| Peso | Kg |

|  |  |  |
| --- | --- | --- |
|  | Derecho | Zurdo |
| Derecho o Zurdo |  |  |

|  |  |  |
| --- | --- | --- |
|  | SI | NO |
| Extremidades Presentes |  |  |

|  |  |
| --- | --- |
| Observaciones |  |

**FUERZA MUSCULAR**

|  |  |
| --- | --- |
| Brazo Derecho | (de 0 a 5) |
| Brazo Izquierdo | (de 0 a 5) |
| Pierna Derecha | (de 0 a 5) |
| Pierna Izquierda | (de 0 a 5) |

**REFLEJOS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NI | ANL |  | NI | ANL |
| Bicipital derecho |  |  | Bicipital izquierdo |  |  |
| Patelar derecho |  |  | Patelar izquierdo |  |  |
| Alquileano derecho |  |  | Alquileano izquierdo |  |  |

**ARCOS DE MOTILIDAD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NI | Anl |  | NI | Anl |
| Hombro derecho |  |  | Hombro izquierdo |  |  |
| Codo derecho |  |  | Codo izquierdo |  |  |
| Muñeca derecha |  |  | Muñeca izquierda |  |  |
| Dedo derecho |  |  | Dedo izquierdo |  |  |
| Cadera derecha |  |  | Cadera izquierda |  |  |
| Rodilla derecha |  |  | Rodilla izquierda |  |  |
| Tobillo derecho |  |  | Tobillo izquierdo |  |  |

**COLUMNA CERVICAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NI | ANL |  | NI | ANL |
| Flexión |  |  | Extensión |  |  |
| Rotación |  |  | Inclinación lateral |  |  |

|  |  |
| --- | --- |
| Observaciones |  |
| Malformaciones |  |

**COLUMNA DORSO LUMBAR**

|  |  |  |
| --- | --- | --- |
|  | NI | Anl |
| Observación |  |  |

|  |  |
| --- | --- |
| Observaciones |  |

**SISTEMA VISUAL**

|  |  |
| --- | --- |
| Agudeza Visual Derecha | Eje. 20/20 |
| Agudeza Visual Izquierda | Eje. 20/20 |

|  |  |  |
| --- | --- | --- |
|  | NI | Anl |
| Motilidad Ocular Derecha |  |  |
| Motilidad Ocular Izquierda |  |  |

|  |  |
| --- | --- |
| Observaciones |  |

**CAMPOS VISUALES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NI | Anl |  | NI | Anl |
| Ojo Derecho |  |  | Ojo Izquierdo |  |  |

**DISCRIMINACIÓN DE COLORES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NI | Anl |  | NI | Anl |
| Ojo Derecho |  |  | Ojo Izquierdo |  |  |

|  |  |  |
| --- | --- | --- |
|  | SI | NO |
| Estrabismo |  |  |

**VISION DE PROFUNDIDAD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NI | Anl |  | NI | Anl |
| Ojo Derecho |  |  | Ojo Izquierdo |  |  |

|  |  |
| --- | --- |
| Observaciones |  |

**SISTEMA AUDITIVO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NI | Anl |  | NI | Anl |
| Oído Derecho |  |  | Oído Izquierdo |  |  |
| Lenguaje |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Presente | Ausente |
| Vértigo |  |  |

|  |  |
| --- | --- |
| Observaciones |  |

**SISTEMA RESPIRATORIO**

|  |  |  |
| --- | --- | --- |
|  | NI | Anl |
| Auscultación |  |  |

|  |  |
| --- | --- |
| Observaciones |  |

**SISTEMA HEMATOLÓGICO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SI | NO |  | SI | NO |
| Petequias |  |  | Equimosis |  |  |
| Sangrado Espontáneo |  |  |  |  |  |

|  |  |
| --- | --- |
| Observaciones |  |

**SISTEMA NERVIOSO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SI | NO |  | SI | NO |
| Convulsiones |  |  | Espasmos |  |  |
| Temblores |  |  | Movimientos Anormales |  |  |
| Otros |  |  |  | | |

|  |  |
| --- | --- |
| Observaciones |  |

**EPICRISIS**

Fecha: \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_

Diagnóstico:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terapéutica:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LISTA DE PROBLEMAS**

Fecha: \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_

Problema:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_