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| **DATOS BÁSICOS** | | | | | | | | | | | | | | | | | | | |
| Nombre y Apellidos | |  | | | | | | | | | | | | | Código | | | |  |
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| Fecha de Nacimiento | | | **dd** | **mm** | | **aa** | | Edad |  | Documento de identidad | | | | | | | |  | |
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| Tipo de vinculación: | | Estudiante | | | | | Proyecto Curricular | | | | |  | | | | | | | |
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|  | | Funcionario | | | | | Vinculación Especial | | | | | Dependencia | | | | |  | | |
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| Procedente de: | |  | | | | | | | | | E.P.S | |  | | | | | | |
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| Dirección actual de residencia | | | | |  | | | | | | | | | | | Teléfono | | |  |
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| En emergencia llamar a | | |  | | | | | | | | | | | Parentesco | | | |  | |
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| Dirección |  | | | | | | | | | | | | | Teléfonos | | | |  | |
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| 1. **MOTIVO DE CONSULTA Y ENFERMEDAD ACTUAL** |
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| **2. ANTECEDENTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Familiares | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Patológicos | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Quirúrgicos | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Traumatológicos | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Venéreos | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Alérgicos | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Tóxicos - Hábitos | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Gineco - Obstétricos: | | | | | | | | | Menarquía | |  | | FUR |  | Ciclos | |  | | FO:G |  | | P |  | | A |  | C | |  | V |  | FUP | |  |
| Inicio A. S |  | Compañeros sexuales | | | | | | | |  | | Fecha última CCV | | | |  | | resultado | | |  | | | Examen seno | | | |  | | resultado | | |  | |
| 1. Farmacológicos | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Ocupacionales | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. REVISIÓN POR SISTEMAS** |
| 1. Condición general y nutricional  2. Actividad física y deportiva  3. Emocional mental  4. S. Nervioso Central  5. Osteo muscular - articular  6. Piel y anexos  7. Hematopoyético y endocrino  8. O.R.L - Dentadura  9. Ojos  10. Cardiovascular  11. Ventilatorio  12. Gastrointestinal  13. Genito - urinario |
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| **4. EXAMEN MÉDICO** |
| T.A.= F.C.= F.P.= F.R.= \_\_ T°.C.= PESO = TALLA=  1. Aspecto y condiciones generales  2. Piel y anexos  3. ORL - Dentadura  4. Ojos  5. Cráneo, cara y cuello  6. Toracopulmonar  7. Cardiovascular  8. Abdomen  9. Genital  10. Dorso y extremidades  11. S. nervioso central |

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| **5. IMPRESIÓN DIAGNÓSTICA** | |
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| **6. PLAN DE ESTUDIO Y TRATAMIENTO** | |
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| 2. | |
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**Firma y sello (Médico General)**