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| **PROGRAMA ACADEMICO Y PSICOSOCIAL PARA LA GESTIÓN DE LA PERMANENCIA Y GRADUACIÓN ESTUDIANTIL “CUENTA CONMIGO”** |

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| **DATOS BASICOS** |

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| **FECHA**  |  | **HORA**  |  |

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| **NOMBRES Y APELLIDOS**  |  |
| **DOCUMENTO DE IDENTIDAD** |  | **FECHA DE NACIMIENTO** |  |
| **EDAD** |  | **SEXO** | M | F | **ESTADO CIVIL** |  |
| **DIRECCIÓN** |  | **TELEFONO** |  |
| **CODIGO** |  | **PROGRAMA ACADEMICO** |  |
| **CORREO INSTITUCIONAL** |  | **E** | **D** | **AD** | **EG** |

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| **ANAMNESIS** |

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| **MOTIVO DE CONSULTA:****ENFERMEDAD GENERAL:****REVISIÓN POR SISTEMAS:** |

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| **ANTECEDENTES** |

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| **PATOLOGICOS** |  |
| **QUIRURGICOS** |  |
| **TRAUMATICOS** |  |
| **TOXICO ALERGICO** |  |
| **FARMACOLÓGICOS** |  |
| **VENÉREOS** |  |
| **FAMILIARES** |  |
| **GINECOLOGICOS** |  |
| **FAMILIARES** |  |
| **OTROS** |  |

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| **EXAMEN FISICO** |

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| **F. CARDIACA** | **F.RESPIRATORIA** | **TENSIÓN ARTERIAL** | **TEMPRATURA** | **PESO** | **TALLA** |
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| **ESTADO GENERAL** |  |
| **CABEZA / CUELLO** |  |
| **CARDIO / PULMONAR** |  |
| **ABDOMEN** |  |
| **GENITOURINARIO** |  |
| **EXTREMIDADES** |  |
| **PIEL / FUNERAS** |  |
| **SISTEMA NERVIOSO** |  |

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| **DIAGNOSTICO** |  |
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| **TIPO DE DIAGNOSTICO** |  |
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| **PLAN DE TRATAMIENTO** |
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| **RECOMENDACIONES** |
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**FIRMA Y REGISTRO MEDICO**