|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IDENTIFICACION** |   |   |   |   |   |   |
| Nombre:         | Fecha de nacimiento:             |  |   |
| Identificación:          | Domicilio:            | Teléfono:            |
| Nombre del padre:       | Nombre de la madre:            |   |   |

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| **ANAMNESIS** |  |  |  |  |  |  |   |
|   |  Normal  | Anormal  |  |  | Si | No |   |
| Vía oral seno | [ ]   | [ ]   |  | Vomito | [ ]   | [ ]   |   |
| Hábitos de micción | [ ]   | [ ]   |  | Fiebre | [ ]   | [ ]   |   |
| Deposición  | [ ]   | [ ]   |  | Dificultad respiratoria | [ ]   | [ ]   |   |
|   |  |  |  |  |  |  |   |
|   |  |  |  Resultado TSH:       | Hemoclasificación:       |
| Observaciones:       |

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| **EVALUACIÓN DE CONDUCTAS** |   |   |   |   |   |   |
|   |  |  |  |  |  |  |   |
|   |  Normal  | Anormal  |  |  |  Normal | Anormal  |   |
| Tipo de alimentación | [ ]   | [ ]   |  | Cuidado muñón umbilical | [ ]   | [ ]   |   |
| Frecuencia de alimentación | [ ]   | [ ]   |  | Vestido | [ ]   | [ ]   |   |
| Condiciones del baño | [ ]   | [ ]   |  | Afecto | [ ]   | [ ]   |   |
| Frecuencia del baño | [ ]   | [ ]   |  | Vacunación (BCG-HB) | [ ]   | [ ]   |   |
|   |  |  |  |  |
| Observaciones:       |

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| **DIAGNÓSTICOS:**       |
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|
| **CONDUCTAS** | Diagnósticas  |       |
| Remisorias  |       |
| Terapéuticas/ Preventivas |       |
| Preventivas  |       |
| Educativas  |       |
| Otras  |       |

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| **EXAMEN FISICO** |   |   |   |
| **Peso \_\_\_\_\_\_\_ gr. Talla \_\_\_\_\_\_ cm. PC \_\_\_\_\_\_ cm. PT \_\_\_\_\_\_ cm. FC \_\_\_\_\_ x min. FR \_\_\_\_\_ x min. T \_\_\_\_\_\_ °C** |
|  | Normal | Anormal | Observaciones |
| Cabeza  | [ ]  | [ ]  |       |
| Ojos  | [ ]  | [ ]  |       |
| Oídos  | [ ]  | [ ]  |       |
| Nariz  | [ ]  | [ ]  |       |
| Boca  | [ ]  | [ ]  |       |
| Cuello  | [ ]  | [ ]  |       |
| Tórax  | [ ]  | [ ]  |       |
| Cardiopulmonar  | [ ]  | [ ]  |       |
| Mamas  | [ ]  | [ ]  |       |
| Abdomen  | [ ]  | [ ]  |       |
| Muñón umbilical  | [ ]  | [ ]  |       |
| Genitales  | [ ]  | [ ]  |       |
| Espalda  | [ ]  | [ ]  |       |
| Extremidades  | [ ]  | [ ]  |       |
| Signos de luxación de cadera  | [ ]  | [ ]  |       |
| Piel y anexos  | [ ]  | [ ]  |       |
| SNC  | [ ]  | [ ]  |       |

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| **PROGRAMACIÓN DE CITAS** |  |  |  |   |
| \* Cita para consulta de primera vez en C y D: (dd/mm/aaaa) |  |   |
| \* Cita para continuación de Esquema de vacunación: (dd/mm/aaaa) |   |
| \* Cita para consulta de primera vez en PF a la madre: (dd/mm/aaaa) |   |
|   |   |   |   |   |   |   |

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| Firma del médico:        |  Reg.       |
|   |   |   |   |   |   |   |