|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | ITEM / Edad (meses) | | | | 5 | 9 | 15 | 21 | 20 | 42 | 54 | 66 | 78 |
|  |  |  |  |  | Peso | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Talla | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Perímetro Cefálico | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Perímetro Torácico | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Fontanela anterior | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Tensión arterial | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Reflejo Rojo | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Estrabismo | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Nariz | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Boca | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Dientes | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Oídos | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Ganglios | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Cuello | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Tórax | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Corazón | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Abdomen | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Genitales | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Ano | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Extremidades | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Caderas | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | SNC | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Piel | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Uñas - Cabello | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Pulsos | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Escoliosis | | | |  |  |  |  |  |  |  |  |  |
| ANALISIS | Percentil P/E | | | | | | | |  |  |  |  |  |  |  |  |  |
| Percentil T/E | | | | | | | |  |  |  |  |  |  |  |  |  |
| Percentil P/T | | | | | | | |  |  |  |  |  |  |  |  |  |
| DNT | Aguda / Grado | | | | | | |  |  |  |  |  |  |  |  |  |
| Crónica/Grado | | | | | | |  |  |  |  |  |  |  |  |  |
| Mixta/Grado | | | | | | |  |  |  |  |  |  |  |  |  |
| Etiología | P | | | S | M | |  |  |  |  |  |  |  |  |  |
| Normal | | | | | | | |  |  |  |  |  |  |  |  |  |
| DNT | Motriz Gruesa | | | | | | |  |  |  |  |  |  |  |  |  |
| M. Fina Adaptativa | | | | | | |  |  |  |  |  |  |  |  |  |
| Audición - Lenguaje | | | | | | |  |  |  |  |  |  |  |  |  |
| Personal Social | | | | | | |  |  |  |  |  |  |  |  |  |
| Conclusión | | | | | | |  |  |  |  |  |  |  |  |  |
| Remitido a: | | | | | | | | |  |  |  |  |  |  |  |  |  |
| 1. Nadie 2. Pediatría 3. Fonoaudiología 4. Optometría 5. Fisiatría 6. Psicología 7. Recuperación Nutricional 8. Odontología 9. Otros | | | | | | | | | | | | | | | | | |
|
| Firma y Código Médico | | | | | | | |  |  |  |  |  |  |  |  |  |  |