



## HISTORIA CLINICAS NEFROLOGIA

**DATOS GENERALES:**

**NOMBRE:** \_\_\_\_\_

**EDAD:** \_\_\_\_\_ **SEXO:** \_\_\_\_\_

**DIRECCION:** \_\_\_\_\_

**PROFESION:** \_\_\_\_\_

**FECHA DE INGRESO:** \_\_\_\_\_

**C.I:** \_\_\_\_\_

**LUGAR Y FECHA DE NACIMIENTO:** \_\_\_\_\_

**TLF:** \_\_\_\_\_

**1.- MOTIVO DE CONSULTA (Enuméralos):** \_\_\_\_\_  
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**2.- ENFERMEDAD ACTUAL:** \_\_\_\_\_  
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**3.- ANTECEDENTES:**

**3.1 ANTECEDENTES PERSONALES:** \_\_\_\_\_  
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**ANTECEDENTES FAMILIARES:** \_\_\_\_\_  
\_\_\_\_\_  
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**HABITOS PSICOBIOLÓGICOS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**PRESION ARTERIAL:** \_\_\_\_\_ **FC** \_\_\_\_\_ **FR** \_\_\_\_\_ **PESO** \_\_\_\_\_ **TALLA** \_\_\_\_\_  
**PCO2 (SATURACION)** \_\_\_\_\_

**EXAMEN FISICO:** \_\_\_\_\_  
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PIEL Y MUCOSA:

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APARATO RESPIRATORIO:

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APARATO CARDIOVASCULAR:

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APARATO DIGESTIVO:

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GENITO URINARIO:

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NEUROLOGICO:

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IMPRESIÓN DIAGNOSTICA:

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**PRESCRIPCION DE HEMODIALISIS:**

NUMERO DE MAQUINA: \_\_\_\_\_ PESO INICIAL: \_\_\_\_\_ TIPO DE ACCESO VASCULAR Hrs. HD \_\_\_\_\_

QB: \_\_\_\_\_ UF: \_\_\_\_\_ PRESION ARTERIAL: \_\_\_\_\_ PRESION VENOSA: \_\_\_\_\_ PTM: \_\_\_\_\_ HEPARINA: \_\_\_\_\_

QD: \_\_\_\_\_

Peso seco: \_\_\_\_\_ SEROLOGIAS: \_\_\_\_\_ KTV: \_\_\_\_\_

**OBSERVACION FINAL:**

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**ORDENES MEDICAS:**

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MEDICO TRATANTE NEFROLOGO  
FIRMA Y SELLO

