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| **INSTITUCION** | **NOMBRE** | **APELLIDO** | **SEXO** | **HISTORIA CLINICA** |
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**S**: SUBJETIVO **O**: OBJETIVO **A**: ANALISIS **P**: PLANES DIAGNOSTICO (Dg), TERAPEUTICO (Tp), EDUCACIONAL (Ed)

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| **FECHA** | **HORA** | **PROBLEMAS** | **S O** | **COMENTARIO INICIAL Y NOTAS DE EVOLUCION** | **CODIGO** |
| (DIA/MES/ AÑO) |  | ANOTAR EL NÙMERO DE LA LISTA DE PROBLEMAS | **A P** | ANOTAR LOS HALLAZGOS EN FORMA CONCRETA Y RESUMIDA | **MEDICO** |
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 **Elaborado y aprobado por: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **MÉDICO DEPARTAMENTO BIENESTAR ESTUDIANTIL**