INFORME VISITA DOMICILIARIA DE SALUD MENTAL

1. DATOS GENERALES

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requerimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre y Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tipo de Documento: \_\_\_\_\_\_\_\_\_\_ N° de Documento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexo: \_\_\_\_\_\_\_ Edad: \_\_\_\_\_\_\_\_\_ Estado Civil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ocupación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Barrio/ Vereda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comuna/ Corregimiento\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono Fijo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Celular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EAPB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Régimen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. OBJETIVO DE LA VISITA

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3. TECNICA UTILIZADA

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4. SITUACIÓN ENCONTRADA

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5. ANTECEDENTES FAMILIARES

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6. DESCRIPCION GRUPO FAMILIAR

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| NOMBRE | EDAD | PARENTESCO | OCUPACION | EAPB |
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7. IDENTIFICACIÓN DE LA RED FAMILIAR Y COMUNITARIA

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8. IDENTIFICACION DE FACTORES DE RIESGO Y PROTECTORES

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| FACTORES DE RIESGO | FACTORES PROTECTORES |
|  |  |

9. CONCEPTO

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De acuerdo a la situación encontrada se recomienda:

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Profesional responsable,

Nombre y Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profesión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N° de tarjeta profesional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recibe la visita:

Nombre y Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Elaboró** | **Revisó** | **Aprobó** |
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