

HISTORIA CLÍNICA PSICOLÓGICA

H.C Ps No\_\_\_\_\_\_\_\_\_

FECHA:\_\_\_\_\_\_\_\_\_\_\_\_

I.-DATOS PERSONALES

Nombres y apellidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Edad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estado civil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nivel de instrucción: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

MOTIVO DE CONSULTA

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GENOGRAMA FAMILIAR

DINÁMICA FAMILIAR ACTUAL

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ÁREA LABORAL / edad y forma de inicio.

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ÁREA SOCIAL

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ÁREA SEXUAL / edad y forma de inicio, parejas.

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CONSUMO DE ALCOHOL U OTRAS SUSTANCIAS/medicamentos.

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ANTECEDENTES PERSONALES /infancia, adolescencia, enfermedades médicas y/o psiquiátricas

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ANTECEDENTES FAMILIARES/ enfermedades médicas y/o psiquiátricas

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