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| logo%20saltillensesamall | **COLEGIO SALTILLENSE A.C**  DEPARTAMENTO PSICOPEDAGÓGICO  Psic. Celia Elvira Beltrán Gutiérrez  **REGISTRO E HISTORIA CLINICA DEL ALUMNO** |

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| Fecha: |  |

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| Nombre del Alumno(a): |  |

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| Edad: |  | Años |  | Meses |

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| Fecha de nacimiento: |  | Lugar de nacimiento: |  |

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| Escuela de procedencia: |  | Escolaridad (Grado): |  |

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| Dirección: |  |

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| Teléfono/Celular: |  | Correo Electrónico: |  |

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| **Datos del Padre o Tutor** |

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| Nombre del Padre: |  |

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| Edad: |  | Estado civil: |  |

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| Grado de estudio: |  | Centro de trabajo: |  |

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| Nombre del Padre: |  |

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| Edad: |  | Estado civil: |  |

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| Grado de estudio: |  | Centro de trabajo: |  |

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| Número de hermanos: |  |

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| Nombre y edades: |  |
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| Los padres viven: | Juntos | ( |  | ) | Separados: | ( |  | ) | Tiene otra pareja: | ( |  | ) |

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| **En el caso de que no viva con los padres** |

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| Nombre del Tutor del Alumno(a): |  |

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| Edad: |  | Parentesco: |  |

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| Ocupación: |  |

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| Motivo por los cuales el alumno(a) está a su cargo: |  |
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| Desde cuándo: |  |

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| Personas que viven en casa con el alumno(a), nombre, edad y parentesco |  |
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| **Antecedentes respecto a algún padecimiento actual** |

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| Asistencia a consulta médica, psicológica u con otro profesional: |  |
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| Diagnostico otorgado: |  |
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| Posee documentación escrita al respecto: | Si | ( |  | ) | No | ( |  | ) |

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| El alumno(a) actualmente toma algún medicamento: | Si | ( |  | ) | No | ( |  | ) |

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| Motivo: |  |

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| Nombre del medicamento: | |  | |
| Dosis: |  | |

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| Nombre del medicamento: | |  | |
| Dosis: |  | |

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| Se le ha realizado otro tipo de estudios: |  |
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| Enfermedades, operaciones, accidentes: |  |
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| Presenta alergia a algún medicamento, alimento o algo más: |  |
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| Presenta alguna dificultad de lenguaje, auditiva, visual o motriz: |  |
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| **Área familiar** |

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| Relación entre los padres: |  |

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| Relación papá / hijo: |  |

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| Relación mamá / hijo: |  |

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| Relación entre los hermanos: |  |
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| **Área personal** |

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| Principales intereses del alumno(a): |  |
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| Conducta en casa: |  |
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| Hábitos y costumbres: |  |
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| Responsabilidades: |  |
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| Manifestaciones afectivas: |  |
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| Personas con la que más se identifica: |  |
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| Practica algún deporte o actividad por las tardes: |  |
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| **Área escolar** |

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| Edad de ingreso al sistema escolar: |  | Nivel: |  |

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| Ha reprobado algún año: | Si | ( |  | ) | No | ( |  | ) |

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| Cuál: |  | Motivos: |  |

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| Relación actual con sus compañeros: |  |

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| Relación con sus profesores: |  |
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| Materia que se le dificulta más: |  |

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| Motivo: |  |

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| Cuenta con apoyo escolar: | Si | ( |  | ) | No | ( |  | ) |

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