|  |  |  |  |
| --- | --- | --- | --- |
| **EXAMEN FÍSICO** | | | |
| Signos Vitales | T/A:       mm Hg.FC:       x min. FR:       x min. T:       °C | | |
|  | Normal | Anormal | Observaciones |
| Aspecto General |  |  |  |
| Cabeza, Cara y Cuello |  |  |  |
| Cavidad Oral |  |  |  |
| Mamas |  |  |  |
| Cardio Pulmonar |  |  |  |
| Abdomen |  |  |  |
| Genitales Ext- Internos |  |  |  |
| Extremidades |  |  |  |
| Piel y Anexos |  |  |  |
| SNC |  |  |  |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Nombres y Apellidos : ­­­­­­­­ | | | | | | | Identificación: |
| **ANAMNESIS** | | | SI | NO | | OBSERVACIONES | |
| **SEÑALES DE ALARMA** | Cefalea | |  |  | |  | |
| Ardor epigástrico | |  |  | |
| Edema | |  |  | |
| Visión en estrellitas | |  |  | |
| Zumbidos en los oídos | |  |  | |
| Sangrado vaginal | |  |  | |
| Fiebre o escalofrío | |  |  | |
| Dolor tipo contracción | |  |  | |
| Amniorrea | |  |  | |
| Disminución marcada o ausencia de movimientos fetales | |  |  | |
| Sintomatología Genitourinaria | |  |  | |
| Nauseas o vómito | |  |  | |
| Calambres | |  |  | |
| Otros síntomas(tener en cuenta los riesgos identificados en anamnesis CLAP) | |  |  | |
| **Evaluación del riesgo**  **para Sífilis - VIH** | | N° compañeros  sexuales actuales: | | | Observaciones: | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VALORACIÓN DEL CRECIMIENTO UTERINO | | | Adecuado Disminuido Aumentado | | Observaciones: | | | | | | |
| VALORACIÓN PRESIÓN ARTERIAL DIASTÓLICA | | | Bajo riesgo Alto riesgo Patológico | | Observaciones: | | | | | | |
| VALORACIÓN NUTRICIONAL | | | IMC previo Peso deseable a término              Kg. | | % Peso/Talla hoy | Estado nutricional actual | | | | Bajo peso |  |
| Normal |  |
| Sobrepeso |  |
| Obesidad |  |
| Observaciones: | | | | | | | | |
| **DIAGNÓSTICO OBSTÉTRICO** | | | | | | | | | | | |
| 1 | G:      P:      A:       C:       V:       M: | | | | | | | | | | |
| 2. | EGxA: | | | EGxEco: | | | EGxAU: | | | | |
| 3. |  | | | | | | | 4. | FPP: | | |
| 5. |  | | | | | | | | | | |
| 6. |  | | | | | | | | | | |
| **CONDUCTAS** | | | | | | | | | | | |
| Diagnósticas | |  | | | | | | | | | |
| Remisorias | |  | | | | | | | | | |
| Terapéuticas/Preventivas | |  | | | | | | | | | |
| Educativas | |  | | | | | | | | | |
| Otras | |  | | | | | | | | | |
| Firma del médico y registro : | | | | | | | | | | | |