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| **FICHA DE INGRESO** | | | | | | | | | | | | | | | | |
| **DATOS GENERALES** | | | | | | | | | | | | | | | | |
| FECHA DE REGISTRO | | |  | | | | | No. DE EXPEDIENTE | | | | |  | | | |
| NOMBRE |  | | | | | | | | | | | | | | | |
| FECHA Y LUGAR DE NACIMIENTO | | | | |  | | | | | | | | | | | |
| EDAD |  | | | CURP |  | | | | | C.P. |  | | | | | |
| DOMICILIO |  | | | | | | | | | COLONIA | | |  | | | |
| TELEFONOS | CASA | |  | | | | | MÓVIL | |  | | | | | | |
| ESCOLARIDAD |  | | | | | | OCUPACIÓN | |  | | | | | | | |
| ESTADO CIVIL |  | | | | | |  |  |  |  |  |  | |  |  |  |
| **ANTECEDENTES** | | | | | | | | | | | | | | | | |
| SERVICIOS MEDICOS CON QUE CUENTA | | | | | | |  | | | | | | | | | |
| TRATAMIENTOS PSICOLÓGICOS | | | | |  | | | | | | | | | | | |
| TRATAMIENTOS PSIQUIÁTRICOS | | | | |  | | | | | | | | | | | |
| **MOTIVO DE CONSULTA** | | | | | | | | | | | | | | | | |
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| **QUIEN RECOMENDO EL SERVICIO** | | | | | | | | | | | | | | | | |
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| TERAPIA: | FAMILIAR | | | ( ) |  | DE PAREJA | | ( ) |  | INDIVIDUAL | | | | ( ) | |  |
| GRUPAL | |  | ( ) |  |  |  |  |  |  |  |  | |  |  |  |
| DERIVACION |  | | | | | | | | | | | | | | | |
| CANALIZACION |  | | | | | | | | | | | | | | | |
| ELABORADO POR | |  | | | | | | | | | | | | | | |
| TERAPEUTA ASIGNADO | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |
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| **PRIMERA ENTREVISTA** | | | | | | |
| FECHA: |  | | |  | No. EXP. |  |
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| NOMBRE: |  | | | | | |
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| NOMBRE DEL PSICOTERAPEUTA: | | | |  | | |
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| MOTIVO DE CONSULTA: | |  | | | | |
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| SOLUCIONES INTENTADAS: | | |  | | | |
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| GENOGRAMA: (Mínimo 3 generaciones estableciendo: alianzas, tipo de relaciones, triangulaciones, coaliciones, etc). | | | | | | |
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| DIAGNOSTICO RELACIONAL: |  | | | | | |
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| OBJETIVOS TERAPEUTICOS: |  |  |  |  |  |  |
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| OBSERVACIONES: |  | | | | | |
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| FIRMA DEL TERAPEUTA FAMILIAR | | | | | | |
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| NOMBRE DEL PACIENTE: | | | |  | | | | | | | |
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| No. EXP |  | | SESION No | |  |  | FECHA |  |  | HORA |  |
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| AVANCES: |  | | | | | | | | | | |
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| DIFICULTADES: | |  | | | | | | | | | |
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| NOTA DE SESIÓN: | | |  | | | | | | | | |
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| TAREAS: |  | | | | | | | | | | |
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**HOJA DE SEGUIMIENTO**

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| En el municipio de |  | | Jal., siendo las |  | del día |  | del mes de |
|  | del año |  | la (el) Lic. en Psicología | |  | | |
|  | | | | | | | |
| del Centro de Atención Especializada en Terapia Familiar **HACE CONSTAR** que hasta este | | | | | | | |
| momento en que se actúa no se presentó a su cita la (él) C. o la Familia: | | | | | | | |
|  | | | | | | | |
| ignorando las causas de su inasistencia, lo que se asienta para su debida constancia. | | | | | | | |
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|  | ATENTAMENTE | | | | | |  |
|  | TERAPEUTA FAMILIAR | | | | | |  |

**CONSTANCIA INASISTENCIA**

**CONCLUSIVO**

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|  | | | | | | FECHA DE INGRESO: | |  | | | | |
|  | | | | | | No. EXPEDIENTE: | |  | | | | |
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| NOMBRE: | |  | | | | | | | | | | |
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| MOTIVO DE ATENCIÓN: | | | |  | | | | | | | | |
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| EVALUACION FINAL: | | |  | | | | | | | | | |
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| FECHA DE EGRESO: | | |  | | | |  | TOTAL DE SESIONES: |  |  | | |
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|  |  |  |  |  | ALTA | | ( ) | BAJA | ( ) |  |  |  |
| MOTIVOS: | |  | | | | | | | | | | |
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| NOMBRE Y FIRMA DEL PACIENTE | | | | | | |  | NOMBRE Y FIRMA DEL TERAPEUTA FAMILIAR | | | | |

**RESUMEN**

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| **CONCENTRADO MENSUAL CORRESPONDIENTE AL MES DE:** | | | |  | |
| TOTAL DE FAMILIAS ATENDIDAS | HOMBRES | MUJERES | NIÑAS / ADOLESCENTES | NIÑOS / ADOLESCENTES | TOTAL NO. DE SERVICIOS |
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| (domicilio de CAETF) | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| (calles con que cruza) | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ATENCIÓN PSICOLÓGICA | | | | | | | | | | |
| (Colonia y c.p.) | | | | | | | | |  |  | | | | | | | | | | |
| (municipio) | | | | | | | | |  | **CONTROL DE CITAS 1** | | | | | | | | | | |
| (telefonos y fax) | | | | | | | | |  |  | Expediente No. | | |  | | | | | | |
|  |  | Dirección | |  | | | | | | | |
| (HORARIO DE ATENCIÓN DEL CAETF) | | | | | | | | |  |  |  | | | | | | | | | |
|  |  | Terapeuta Familiar | | | |  | | | | | |
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**CONTROL DE CITAS 2**

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| **FECHA** | **HORA** | **FIRMA PSICÓLOGO** |  | **FECHA** | **HORA** | **FIRMA PSICÓLOGO** |
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