**ANEXO No. 3: FORMATO DE RESUMEN DE EGRESO DEL CENTRO DE RECUPERACIÓN NUTRICIONAL**

NOMBRE COMPLETO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de egreso de fase uno: Día\_\_\_ Mes \_\_\_\_Año \_\_\_\_ H.C. No. \_\_\_\_\_\_\_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Edad: \_\_\_\_\_\_\_\_\_\_\_

Fecha de ingreso a: Fase uno \_\_\_\_\_\_\_\_\_\_\_\_

Días de estancia en fase uno \_\_\_\_\_

Fecha de reingreso: \_\_\_\_\_\_\_\_ Fecha de retiro voluntario: \_\_\_\_\_\_\_\_\_\_

**VALORACIÓN AL INGRESO EN:**

**Fase 1** Peso: \_\_\_\_\_ kg Longitud / estatura: \_\_\_\_\_ cm

P.Z.: P/T \_\_\_\_\_\_ T/E \_\_\_\_\_\_ P/E \_\_\_\_\_\_

**Fase 2** Peso: \_\_\_\_\_ kg Longitud / estatura: \_\_\_\_\_ cm

P.Z.: P/T \_\_\_\_\_\_ T/E \_\_\_\_\_\_ P/E \_\_\_\_\_\_

**COMPOSICIÓN FAMILIAR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nombres y apellidos** | **Edad** | **Sexo** | **Parentesco** | **Escolaridad** | **Estado civil** | **Ocupación** |
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**MEDICINA: EPICRISIS**

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FIRMA DEL PROFESIONAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUTRICIÓN: DIAGNÓSTICO, TRATAMIENTO, LOGROS**

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FIRMA DEL PROFESIONAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AREA SOCIAL: DIAGNOSTICO, TRATAMIENTO, LOGROS**

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FIRMA DEL PROFESIONAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEMAS DE CAPACITACIÓN Y ASESORÍAS RECIBIDAS POR FAMILIARES Y/O CUIDADORES DURANTE LAS FASES I:**

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Multivitamínico entregado: si \_\_\_\_ no \_\_\_\_ Unidades: \_\_\_\_\_ Para \_\_\_\_ días

Nombre multivitamínico \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paquete de alimentos entregado: si \_\_\_\_ no \_\_\_\_

**REPORTE DE REMISIONES A OTRAS INSTITUCIONES O SERVICIOS:**

|  |  |  |
| --- | --- | --- |
| **Fecha de Remisión** | **Motivo de la remisión** | **Institución** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**OBSERVACIONES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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