

**NOTA DE RESIDENTE**

**1. FILIACION:**

**NOMBRE Y APELLIDOS:** \_\_\_\_\_

**EDAD:** \_\_\_\_\_

**PERSONA RESPONSABLE:** \_\_\_\_\_ **TELEFONO:** \_\_\_\_\_

**FECHA:** \_\_\_\_\_ **HORA:** \_\_\_\_\_

**FUNCIONES VITALES:**

**PA:** \_\_\_\_ **FC:** \_\_\_\_ **FR:** \_\_\_\_ **SPO2:** \_\_\_\_ **FIO2:** \_\_\_\_ **T°:** \_\_\_\_

**2. RELATO:**

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**3. EXAMEN FISICO:**

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**4. PROBLEMAS DE SALUD/ HIPOTESIS DIAGNOSTICA:**

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**5. PLAN TERAPEUTICO:**

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