HISTORIA CLÍNICA

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| nOMBRE Y aPELLIDO:................................................................................................Nacionalidad:…………………………………………………………………………………nÚMERO DE IDENTIFICACIÓN/DNI/PASAPORTE:……………………………………..FECHA:………/………./…………..MOTIVO DE LA cONSULTA:………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |
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| DOLOR:1. LOCALIZACIÓN ( ZONA ESPECÍFICA O IRRADIACIÓN):………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….
2. cOMPORTAMIENTO (CONSTANTE, iNTERMITENTE,RECIDIVANTE, ETC):………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….
3. cALIDAD (AGUDO,SORDO, PULSÁTIL,ETC):…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
4. dURACIÓN DEL EPISODIO(MINUTOS, HORAs, DÍAS):…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
5. INTENSISAD (0 AUSENCIA DE DOLOR- 10 DOLOR INTENSO)………………………………………………………………………………………………………………………………………………………………………….

cARACTERÍSTICA DE LA ALTERACIÓN DISFUNCIONAL (LIMITACIÓN DE LA APERTURA, RUIDOS EN LAS ATM, ETC)………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………TRATAMIENTOS PREVIOS REALIZADOS POR OTROS PROFESIONALES (TIPOS Y EFICACIA)…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………APERTURA BUCAL EN MM………………………………………………………………CARACTERÍSTICAS DE LOS SÍNTOMAS ASOCIADOS: 1. cEFALEAS (CANTIDAD Y LOCALIZACIÓN POR SEMANAS):………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….
2. ALTERACIONES ÓTICAS (DOLOR, ACÚFENOS, OÍDO TAPADO, MAREOS):………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….
3. TRASTORNOS CRANEOCERVICALES (DOLOR DE CUELLO/NUCA, RIGIDEZ CERVICAL, ANTECEDENTES DE TRAUMATISMOS, ETC):………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
4. OTROS (DESCRIBIRLOS):………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
5. ESTRÉS EMOCIONAL (NERVIOSISMO, ANSIEDAD, GASTRITIS, ETC):.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

EXPLORACIÓN MUSCULAR: 1-MOLESTIA, 2-DOLOR MODERADO, 3-DOLOR INTENSO1. MUSC. TEMPORAL

derecho izquierdo1. MUSC. MASETERO

derecho izquierdo1. mUSC. PTERIGOIDEO LATERAL/TENDÓN DEL TEMPORAL

derecho izquierdo1. MUSC. CERVICAL POSTERIOR

derecho izquierdo1. ESTERNOCLEIDOMASTOIDEO

derecho izquierdo1. TRAPECIO SUPERIOR/ESPLENIO DE LA CABEZA

derecho izquierdo1. DOLOR EN EL POLO EXTERNO DE LAS ATM

derecho izquierdo1. RUIDOS EN LAS ATM

derecho izquierdodEFINA EL TIPO: cLIC SIMPLE, CREPITACIÓN, CLICK RECÍPROCO, ETC:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………El paciente tiene estudios complementarios?Estudios de sangre:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….Estudios de imágenes (rx, CBCT, TAC, RMN):………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………el paciente realiza tratamientos complementarios de?(marcar si o no)fisioterapia:osteopatía:quiropraxia:masajes:psicología:acupuntura:fonoaudiología:diagnóstico presuntivo: (eJ: sUBLUXACIÓN, bLOQUEO, OSTEOARTROSIS, ETC)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………pronóstico:1. LEVE
2. MODERADO
3. RESERVADO
4. GRAVE

plan de tratamiento:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Evolución de la historia clínica:(tODO AQUELLO QUE VAYA REALIZANDO EN CADA CONSULTA Y LOS SÍNTOMOS Y SIGNOS QUE EL PACIENTE VA RELATANDO)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
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