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 INTENSO   1. MUSC. TEMPORAL   derecho izquierdo   1. MUSC. MASETERO   derecho izquierdo   1. mUSC. PTERIGOIDEO LATERAL/TENDÓN DEL TEMPORAL   derecho izquierdo   1. MUSC. CERVICAL POSTERIOR   derecho izquierdo   1. ESTERNOCLEIDOMASTOIDEO   derecho izquierdo   1. TRAPECIO SUPERIOR/ESPLENIO DE LA CABEZA   derecho izquierdo   1. DOLOR EN EL POLO EXTERNO DE LAS ATM   derecho izquierdo   1. RUIDOS EN LAS ATM   derecho izquierdo  dEFINA 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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