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| **DATOS DE IDENTIFICACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fecha:** | |  | | | | | | | | **Remitido por:** | | | | Iniciativa propia | | | | | | | | |  | | | | Consejería grupal | | | |  | | | SAT |  |
|  | | | | | | | | | | Docente | |  | | | Estudiante | | | | |  | Administrativo | | | | | | |  | | Semillero docente | | | | |  |
| Nombres: | | |  | | | | | | | | | | | | | | | | Apellidos: | | | | |  | | | | | | | | | | | |
| C.C. |  | | T.I. | | |  | | | No. | |  | | | | | | Edad: | | |  | | | | Teléfono: | | | |  | | | | | | | |
| Programa: | | | |  | | | | | | | | | | | | | | | | | | | | Semestre: | | | |  | | Código | | |  | | |
| Sexo: | | | | Hombre\_\_ Mujer\_\_ Género: Femenino\_\_ Masculino\_\_ No binario\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estado civil: | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Tipo de población:** | | | | | | | Afrodescendiente | | | | | |  | | | Discapacidad | | | | | |  | | | | Víctima | | | |  | | Indígena | | |  |
|  | | | | | | | Frontera | | | | | |  | | | LGBTIQ+ / OSIGD | | | | | |  | | | | Ninguno | | | |  | |  | | |  |
| Contacto Red de Apoyo | | | | | | | |  | | | | | | | | | | | | | | | | | Teléfono: | | | |  | | | | | | |
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| **Dimensiones de acompañamiento** | | | | | | | | | | | | | **Tipos de familia**  Nuclear \_\_\_\_\_\_  Monoparental \_\_\_\_\_\_  Compuesta \_\_\_\_\_\_  Homoparental \_\_\_\_\_\_  Extensa \_\_\_\_\_\_  Adoptiva \_\_\_\_\_\_  Unipersonal \_\_\_\_\_\_ | | | **GENOGRAMA** | |
| Individual | |  | | Académica | |  | | |  | | | |
| **Categoría:** | |  | | | | | | | | | |  |
| **Temática:** | |  | | | | | | | | | |  |
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| **Motivo de consejería** | | | | | | | | | | | | | | | | | |
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| **Observación** | | | | | | | | | | | | | | | | | |
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| **Compromisos / Tareas** | | | | | | | | | | | | | | | | | |
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| **Evaluación de Riesgo:** | | | **1 Mínimo** | | | | | **2 Leve** | | | | | | **3 Moderado** | **4 Alto** | | **5 Grave** |
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| **Estado:** | Primera vez: | | | |  | | Cierre: | | |  |  | | | | | | |
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| **Nombre del profesional:** |  |
| **Tarjeta profesional:** |  |

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