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PSYCHOLOGICAL HISTORY. GENERAL DATA 1. Name and surname : Ciara Perez Marmolejo 2. Age: 2 years 5 months 3. Born: 17/04/2009 4. Degree of training: --- 5. Training Center: --- 6. The place he occupies among the brothers: Second 7. Address : As. de vivienda Melchorita Mz. D It.9 Ate 8. Interview : Jazmin Paredes Paredes 9. Interview Date : September 12, 2011 II. DEFINITION AND ANALYSIS Problem BEHAVIOR: Ciara is a quiet girl, once she has to communicate first she prefers to point things out and make some noise for them to understand. Sergio is a child who is grabbed and resented by his mother, often. She doesn't want to help with work at home, and whenever she can she wants her mother to feel guilty for not being with him for most of her childhood (the mother is absent from separation from Sergio's father from the time the child was 3 to 5 years old). He spends a lot of time on internet games and does not want to go to school, in this he represents poor performance. III.. EVOLUTIONARY HISTORY 3.1. Prenatal: Sergio is the first child of Liliana's first engagement. She had a miscarriage before Sergio was born because his father didn't want to have a baby. When Sergio was conceived alone Liliana wanted him, Sergio's father did not want, however Liliana prevailed, and I carry the pregnancy, albeit with many worries, because Sergio's father took a lot of liquor and shouted at him. 3.2. Natalia Peri-Neo Natal: During pregnancy I am an obstetrician, but the birth was carried out with the help of a birthing machine. Her birth was complicated and she almost died. The father's age is 22 and she is 18. Birth weight 4,800 kg IV. MEDICA STORY Sergio developed bronchial problems and was told he had asthma. She was supervised by a doctor but got a lot of salbutamol and according to her mother, so she is very nervous since she takes this medication for 6 months when she was two years old. V. HISTORY NEUROMUSCULAR DEVELOPMENT Swing back and forth, usually sitting in a chair. He squeezes his hands when he gets upset. Saw. HISTORY LANGUAGE AND VISION SKILL does not present language problems, but vision problems. He's got his right eye. He was prescribed glasses, but he has not yet bought them. VII. LIFE FOOD FORMING: Sergio did not breastfeed the first month of birth because his mother had to operate out of the gallbladder after giving birth. After surgery and a month later, she alternates breast and artificial milk. At 7 months old he started giving him granamil and mashed potatoes, then at 8 months other products. At 7 months old, his first teeth started to come out. He currently eats five times a day. She is overweight at the age of 08 today. Hygiene: Sergio is obliged to make his own toilet but she always claims that the mother supports him because she does it with her younger sisters. Personal independence: Always claims mom-to-wear dressing. He has no initiative to payar at home. When he receives orders for support, he usually makes it very annoying not without one claiming and contradictory with his mom. VIII. GAMES: Likes to go to games online, sometimes with a cousin or friends. But he usually does it alone. He does this for at least an hour a day, and because of that he doesn't have time to go well neat and well-groomed to school, according to a reference to his mother. IX. PSYCHOSEXUALITY: Does not ask or receive information about sexuality from the mother, possibly the father. Her mother assumes that she gets it at school. X. SCHOOL HISTORY: He began studying initially at the age of 3 in La Libertad. Then he had to move to Lima because of his father's work. Now he is in the third grade, but misses his father, as he helped him in scientific work. He doesn't have serious academic problems, but he has behavioral problems, especially at home with his mother. XI. PARENTS' ATTITUDES: Sergio began to express problems because his mother separated from his father when he was 3 years old. Sergio was in the care of his father. Now that he is 11, he lives with his mother and his mother's second engagement. Now he has two little sisters on the maternal side. He regularly talks to his father on the phone and plans to live with him next year. XII. OPINIEN OPINIO ON CHILD BEHAVIOR: A mother thinks he wants to make him feel guilty for not being with him for most of his childhood and regrets that he is no longer with his father. The child's father tells her to punish him if he does not respect him and take him to a psychologist. The mother says she has no time, plus her last daughter has asthma problems and spends time and money on her. Xiii. FAMILY BACKGROUND Mother says there is no previous background in the family of distressed members. 14. DESCRIPTION OF THE HOUSE adobe. The apartment is dirty and has basic services: water, light and drainage. Two more families are well in the same house. The boy shares his room with his mother, stepfather and two sisters. XV CONCLUSIONS Sergio does not present learning difficulties, demonstrates the skills necessary for his degree of training. However, look for excuses for not attending school. Look for heteronomy in the mother's behavioral limitations. XVI RECOMMENDATIONS XVII TIPS: For Parents: Psychological Assessment and Treatment for Stepfather: Psychological Assessment for a Child: Psychological Assessment, Insert It into a Self-Esteem Program, Social Skills Workshop, Develop Personal Autonomy. You read free preview pages from 5 to 7 do not appear in this preview. In psychological clinical care, there are a number of parameters that follow to gather information, evaluate and prepare treatment plans; all this is usually reflected in a series of documents such as history, mental examination, psychometric report, psychotherapeutic plan and psychological report, these documents usually have small variations depending on the location and the professional who performs them, but in general a similar structure follows, so we will show the model anamnesis for people interested in these documents, clarifying that the case is fictitious. ANAMNESIS I. GENERAL DATA. Names : J.P.R. Place and date of birth : Arequipa, 15 - 09 - 2003. Current age: 14 years. Sex : Men. Marital status: Single. Address: Calle Fernandez 113 Profession : Student. Religion : Catholic. Informant : His mother Referent : His mother Study dates : 13 - 08 - 2018. Consultation place : External office. Reason for consultation : Learning and attention issue. Examiner : Juan Perez II. The patient, gifts, learning difficulties, his disorder is related to the language, has problems with understanding words, sentences or paragraphs. At the same time, writing-related disorders associated with the creation of difficulties in the correct formation of letters and discrimination on phonetic sounds are accompanied by rhythmic poverty. Getting distracted very easily prevents you from getting the right attention for new training. In addition, his mother is dyslexic, had many problems in his basic education, and now continues to represent them. III. PERSONAL HISTORY'. a. Gestation. Pregnancy was desired, the mother had all her monthly medical examinations and had no serious complications. His pregnancy was 8 months. b. Birth. The birth was premature within 4 hours, so doctors opted for a caesarean section. He was born with purple. with agnostic, they had to give him oral resuscitation, but they didn't put him in an incubator. He was born to think 3kg by 800 grams and measuring 55 centimeters. c. Childhood. As for his psychomotor development, the boy straightened his neck in a month, sat at 5 months, crawled at 7 months, stopped and took his first steps in nine months; year and two months I walked well. In the language, he began to show his first words of the year, only single-layered (pa, ma, ta, la, etc.), but, he had a delay for his first words, at the age of 3. It does not currently present any pronunciation problems. As for understanding, he had no problems, he followed simple orders. As for his eating habits, he did not drink breast milk, only a bottle up to a year, at 4 months he ate porridge and solid food a year. He's always had problems with his fiancée. Until the age of 7 he did not eat alone, now he has gastritis. When controlling the sphincter, he used diapers up to 2 years at night and a year and a half in the morning. He had an sphincter at the age of two and a half. As for the habits of cleanliness and order, the mother refers to the fact that the child has always depended on dressing and personal care. As for childhood diseases and fears, he always had gastrointestinal problems and groin hernia and ulcers. His sleep is 7 to 8 hours, he does not suffer from insomnia or nightmares. From a very young age he was impulsive, stubborn, dominant, conceited and overprotected by his parents. Schooling. The patient had a delay in speech in early childhood, but showed with small age qualities sociability, autonomy and interaction with others is very noticeable. It was at the age of 7 that the parents realized that their learning problems, he had been to two schools before, but because of his behavior and academic performance he did not continue his studies there. At the age of 8, he enrolled in the school he was currently studying, representing a lack of language and thought. All this has led the patient to be a child, overprotected from the mother because she feels guilty about the child's problem. He is intolerant of disappointment, especially when he repeatedly fails in his learning attempts. E. Puberty and adolescence. The patient is now 14 years old, he is developing as a teenager his age, his extrovert personality is infamous. He considers himself a good friend, frank and sincere. He begins to be interested in girls. But he's a little upset because he realizes that at the age of he's already in high school. FAMILY HISTORY. Father: Pedro, 46 years old, degree of higher education, architect of the profession. Loving your father and worrying about your family. His character is soft and understandable in relation to others. He wants his and he also cares about his education. She had some problems because of her mother's dominant nature, leaving her home for a while. The situation has improved and he realizes that his family, first, in the face of all the adversity that he presents himself as someone who must support all family members. Mother: Carmen is 41 years old, degree of secondary education, decoration of the interior and exterior, as well as ceramics. She is dyslexic, had a lot of problems in terms of her education, now still represents them. This justifies your child's behavior by saying that she too, at her age, had the same problems. He wants the best for his son and his family. She admits that she is dominant and that if the son lives matriarchy, but manifests love her husband and tries to constantly change to avoid controversy and wrong. Brothers: Maria: 16 years old, has a normal education, a high school student at Santa Rosa College. He admits that his brother has learning difficulties, but he notices improvement over time. Sometimes he argues with his brother because he is dominant and wants to impose his ideas, which bothers Javier most very impulsively from one moment to the next. It makes him change bedrooms and no longer sleep with his brother. V. SOCIO-ECONOMIC HISTORY. Javier comes from a low-income home, lives in his own home and has basic services. He lives in the area of Cordoba, he likes the life of the countryside. Field. anamnesis psicologica formato word. anamnesis psicologica formato pdf. formato anamnesis psicologica para adultos pdf. formato anamnesis psicologica para niños. formato anamnesis psicologica para adultos. formatos de anamnesis psicologica. anamnesis psicologica infantil formato. formato de anamnesis clinica psicologica

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