**INFORME PSICOLÓGICO PARA BAJA LABORAL**

**DATOS DEL PACIENTE**

Nombre y apellidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Edad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DNI/NIE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATOS DEL PROFESIONAL**

Nombre y apellidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nº de colegiado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centro de trabajo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Especialidad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOTIVO DE CONSULTA**

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**HISTORIA CLÍNICA Y ANTECEDENTES**

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**EVALUACIÓN PSICOLÓGICA**

Entrevista clínica:

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Pruebas psicométricas administradas:

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- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resultados obtenidos:

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**DIAGNÓSTICO PSICOLÓGICO**

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**REPERCUSIONES EN EL ÁMBITO LABORAL**

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**CONCLUSIONES**

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**RECOMENDACIONES**

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**PROPUESTA DE BAJA LABORAL**

En base a la evaluación realizada, se considera justificada la baja laboral del/la paciente por motivo de salud mental, recomendando seguimiento psicológico y, en caso necesario, valoración psiquiátrica complementaria.

**Firma del profesional:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fuente original del documento:

<https://experto-administrativo.com/informe-psicologico-baja-laboral/>

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