**LGBTI VTP [[1]](#footnote-1) DEFENSORES/AS**

**Nombre identitario[[2]](#footnote-2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cédula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_**

1. **Motivos de ingreso:**

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1. **Asistencia psicológica previa: SI\_\_ NO\_\_**

**Motivos:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Situaciones significativas vividas por la persona, identificadas a través del relato de vida.**

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1. **Caracterización de violencias**

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| --- |
| **Otras violencias identificadas en el relato de vida** |
| Violencia Física |   | Violencia Psicológica |   |
| Violencia Sexual |   | Otras Violencias |   |
|  |  |  |  |
| **Modalidad Trata de Personas** |
| Explotación de la prostitución ajena u otras formas de explotación sexual |   | Matrimonio servil |   |
| Trabajos o servicios forzosos |   | Extracción de órganos |   |
| Esclavitud |   | Turismo sexual  |   |
| Servidumbre |   | Mendicidad Ajena |   |
| Otra forma de explotación |   | ¿Cuál? |   |
|  |  |  |  |
| **Hechos victimizantes según la Ley 1448 (Únicamente en el marco del conflicto armado)** |
| Amenaza |   | Delitos contra la libertad e integridad sexual |   |
| Desplazamiento Forzado |   | Tortura, tratos crueles inhumanos y degradantes |   |
| Desaparición Forzada |   | Perdida de bienes e inmuebles |   |
| Homicidio |   | Abandono o despojo forzado de tierras |   |
| Secuestro |   | Minas antipersona, munición sin explotar o artefacto explosivo. |   |
| Vinculación de Niños, Niñas y Adolescentes |   | Acto terrorista, atentado, combate u hostigamiento. |   |
| Lesiones Personales |   | Otros |   |

**Describa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Indicadores psicológicos.** (Enumere de 1 a 10, refiriendo éste último una dificultad mayor)

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| --- | --- | --- | --- | --- |
| **Emociones - Sentimientos** |  | **Ideas e Intentos Suicidas** |  | **Autoestima** |
| Angustia |   |  | Pasados (Fechas) |   |  | S. Inutilidad |   |
| Desesperación |   |  |   |  | S. Culpa |   |
| Tristeza |   |  | Actuales (Fechas) |   |  | Autoconcepto |   |
| Llanto Frecuente |   |  |   |  | S. De incapacidad |   |
| Agresividad |   |  | Idea Estructurada | SI | NO |  | Autonomía |   |
| Desesperanza  |   |  | Describa:  |  |  |  |
| Impotencia |   |  |  |  |  |
| Irritabilidad |   |  |  |  |  |
| Pérdida de interés |   |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Dificultades de sueño** | Macintosh HD:Users:nidiapatriciavarela:Library:Caches:TemporaryItems:msoclip:0:clip_image001.png | **Problemas de Apetito** |
| Disminuido |   |  | Aumentado  |   |   |
| Pesadillas |   |  | Disminuido |   |   |
| Terrores nocturnos |   |  | Otro |   |   |
| Describa  |   |  |  |  |  |

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**Consumo de sustancias Psicoactivas actualmente** | **Edad Inicio** | **Frecuencia de Consumo** |
| Cigarrillo |   |   |
| Alcohol |   |   |
| Inhalante |   |   |
| Marihuana |   |   |
| Otros |   |   |

1. **Genograma:**
2. **Concepto psicológico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Acuerdos y compromisos:**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA PSICÓLOGA/O FIRMA PERSONA**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NOMBRE**

1. Hace referencia al nombre con el cual la persona se identifica, independientemente del nombre jurídico. En caso tal, que la persona indique no tener nombre identitario, se escribirá el nombre jurídico en este campo. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)