

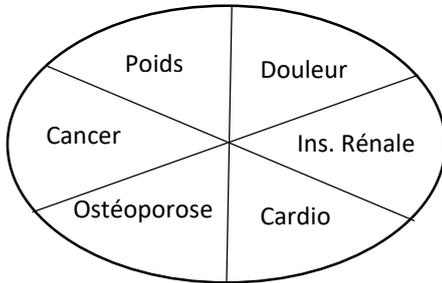
# SYNTHESE D'ÉVALUATION

NOM et Prénom :

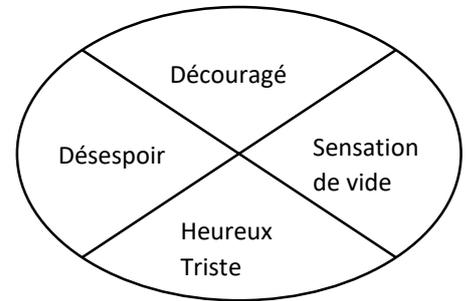
Date de Naissance :

*Cocher les problématiques repérées et les relier au(x) professionnel(s) à mobiliser en les identifiant*

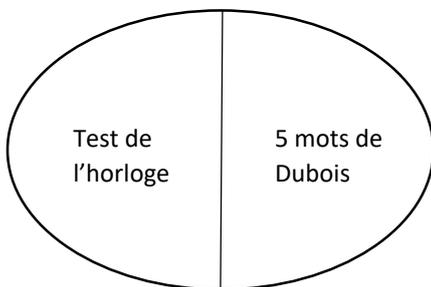
## Physique



## Thymique



## Cognitifs



**Médecin Généraliste**

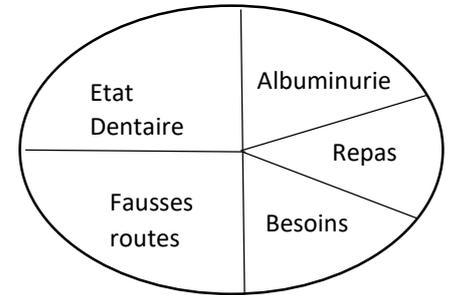
**Dentiste**

**Diététicienne**

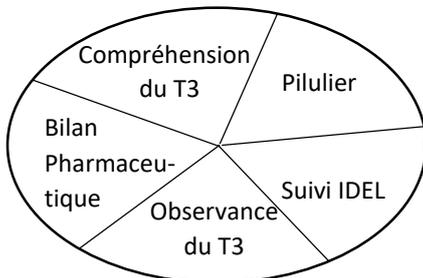
**Ergothérapeute**

**IDEL**

## Nutrition



## Traitement

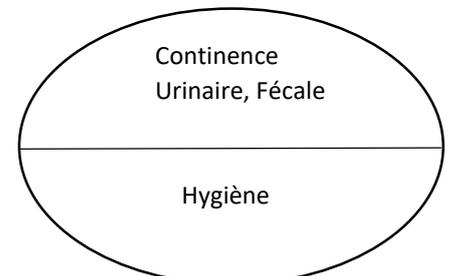


**Masseur Kiné**

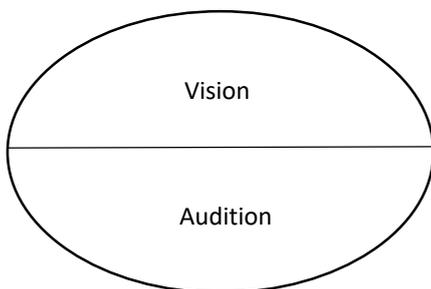
**Orthophoniste**

**Pharmacie**

## Soins / Personne



## Sensoriel

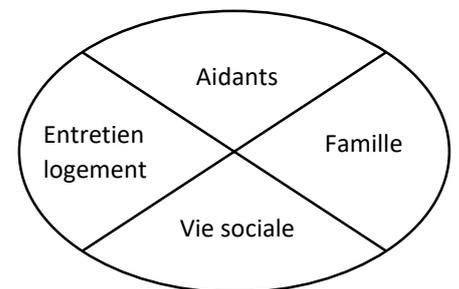


**Podologue**

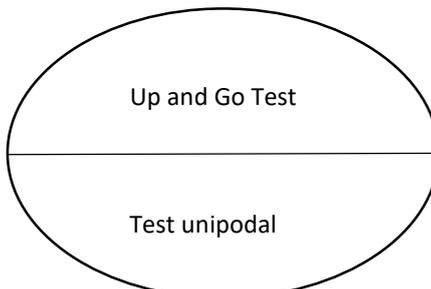
**Psychologue**

**SAAD**

## Vie Quotidienne



## Equilibre



**Services sociaux**

**SSIAD / SPASAD**

**Dispositif d'Appui à la Coordination**

## Vie Quotidienne

