**ANIMAL BITE TREATMENT RECORD**

*PROCESS BEFORE ${pbdate}*

**GEN. TRIAS CHO ANIMAL BITE TREATMENT CENTER**

**DOH Certificate: 2016-04A-0054 Transaction No.: ${case\_id}  
PhilHealth Accreditation No: B41031323 Date: ${created\_at}**

${philhealth\_pin}

**PhilHealth Identification Number (PIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (${ifm}) Member (${ifd}) Dependent  
Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: ${age} Date of Birth: ${bdate}  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: ${sex} Weight: ${weight}  
Exposure Category: ${cat} Date of Exposure: ${bite\_date} Date Treatment Started: ${d0\_date}**

${address}

${get\_name}

**1. Mode of Animal Exposure: 2. Body Part Affected/Exposed to Animal  
() Nibbling/Licking of uncovered skin (${fhead}) Head and/or neck  
() Nibbling/Licking of wounded/broken skin (${fop}) Other parts of the body: ${fop\_specify}  
() Scratch Abrasion ( ) N/A by ingestion mode  
(X) Transdermal Bite 3. Type of Animal: (${fdg}) DOG (${fct}) CAT (${fot}) OTHER, SPECIFY: ${fot\_sp}  
() Handling/Ingest on raw infected meat \*4. Past History of Animal Bite: ( ) YES ( ) NO ( ) SPECIFY DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
() Any combination of the above  
  
4. Based on item 3, was the PEP primary immunization schedule completed (X) YES ( ) NO**

**ICD 10 CODE:**(**${ficd1}**) T14.1 W54

(**${ficd2}**) T14.1 W55

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post-Exposure Vaccination Record** | | | | |
| **Period** | **Adm Route** | **Date** | **Given by** | **Signature** |
| **Day 0** | (✔) ID ( ) IM | ${d0\_date} |  | **\*** |
| **Day 3** | (✔) ID ( ) IM | ${d3\_date} |  | **\*** |
| **Day 7** | (✔) ID ( ) IM | ${d7\_date} |  | **\*** |
| **Day 28** | (✔) ID ( ) IM | ${d28\_date} |  | **\*** |
| **BOOSTER DOSE ONLY ( ) YES**  **Booster 1** | ( ) ID ( ) IM |  |  |  |
| **Booster 2** | ( ) ID ( ) IM |  |  |  |
| **ERIG** | ${erig\_ml} ml | ${erig\_date} |  | **\*** |
| **HRIG** | \_\_\_\_\_\_\_\_\_ml |  |  |  |
| **Tetanus Toxoid** | (✔) 0.5 ML IM  ( ) NONE |  |  | **\*** |
| **ATS** |  |  |  |  |