



Republic of the Philippines
Department of Health
Naga City Health Office



PATIENT ENROLMENT RECORD

Instructions: For new patient only. Please print legibly and mark appropriate boxes with "X".
Para sa mga bagong pasyente lamang. Mangyaring isulat nang malinaw at markahan ang naangkop na kahon ng "X".

I. PATIENT INFORMATION (IMPORMASYON NG PASYENTE)

Last Name (Apelyido)		Suffix (e.g. Jr., Sr., II, III)			
First Name (Pangalan)		Please write Maiden Name (for married women) Pangalan sa pagkadalaga (para sa mga babaeng may-asawa)			
Middle Name (Gitnang Pangalan)					
Sex (Kasarian)	Female (Babae)	Male (Lalaki)	Mother's Name (Pangalan ng Ina)		
Birth Date (Kapanganakan)	(mm/dd/yyyy) / /		Residential Address (Tirahan)		
Birthplace (Lugar ng Kapanganakan)					
Blood Type					
Civil Status (Katayuang Sibil)	Single (Walang Asawa)	Widow/er (Balo)			
	Married (May Asawa)	Separated (Hiwalay)			
	Annulled (Anulado)	Co-Habitation (Paninirahang magkasama)			
Spouse's Name (Asawa)			Yes	No	
Educational Attainment (Pang-edukasyong katayuan)	No Formal Education (Walang Pormal na Edukasyon)	Elementary (Elementarya)	4Ps Member?	Yes	No
	High School (Hayskul)	Vocational (Bokasyunal)	PhilHealth Member?	Yes	No
	College (Kolehiyo)	Post Graduate	Status Type:	Member	Dependent
Employment Status (Katayuan sa Pagtatrabaho)	Student (Estudyante)	Unknown (Hindi malaman)	PhilHealth No.		
	Employed (May trabaho)	Retired (Retirado)	FE – Private:		
	None/Unemployed (Walang Trabaho)		FE – Government:		
Family Member (Posisyon sa Pamilya)	Father (Ama)	Mother (Ina)	IE:		
	Son (Anak na lalaki)	Daughter (Anak na babae)	Others:		
	Others (Iba) _____		Primary Care Benefit (PCB) Member?	Yes	No

II. PATIENT'S CONSENT (PAHINTULOT NG PASYENTE)

IN ENGLISH

I have read and understood the *Patient's Information* after I have been made aware of its contents. During an informational conversation I was informed in a very comprehensible way about the essence and importance of the Integrated Clinic Information System (iClinicSys) by the CHU/RHU representative. All my questions during the conversation were answered sufficiently and I had been given enough time to decide on this.

Furthermore, I permit the CHU/RHU to encode the information concerning my person and the collected data regarding disease symptoms and consultations for said information system.

I wish to be informed about the medical results concerning me personally or my direct descendants. Also, I can cancel my consent at the CHU/RHU any time without giving reasons and without concerning any disadvantage for my medical treatment.

SIGNATURE OF PATIENT / DATE
PIRMA NG PASYENTE / PETA



SA FILIPINO

Aking nabasa at naintindihan ang Impormasyon ng Pasyente matapos ako'y bigyang-kaalaman ng mga nilalaman nito. Sa isang pag-uusap kasama ang kinatawan ng CHU/RHU, ako ay binigyang-paunawa nang mahusay tungkol sa kakanyahan at kahalagahan ng Integrated Clinic Information System (iClinicSys). Lahat ng aking mga katanungan sa panahon ng pag- uusap ay nasagot ng sapat at ako ay binigyan ng sapat na oras upang magpasya nito.

Higit pa rito, pinapayagan ko ang CHU/RHU upang i-encode ang mga impormasyon patungkol sa akin at ang mga nakolektang impormasyon tungkol sa mga sintomas ng aking sakit at konsultasyong kaugnay dito para sa nasabing information system.

Nais kong malaman at maipaalam sa aking direktang kapamilya ang aking mga medikal na resulta. Gayundin, maari kong kanselahin ang aking pahintulot sa CHU/RHU anumang oras na walang ibinibigay na dahilan at walang kinalaman sa anumang kawalan para sa aking medikal na pagpapagamot.

NAME OF CHU/RHU REPRESENTATIVE
KINATAWAN NG CHU / RHU

				Philhealth ID No.			
		<h1>INDIVIDUAL TREATMENT RECORD</h1>					
<p>Instructions: For old, returning and/or referred patient. Please print legibly and mark appropriate boxes with "X". Para sa mga pasyente. Mangyaring isulat nang malinaw at markahan ang naangkop na kahon ng "X".</p>							
I. PATIENT INFORMATION (IMPORMASYON NG PASYENTE)							
Last Name (Apelyido)				Suffix (e.g. Jr., Sr., II, III)			
First Name (Pangalan)				Residential Address (Tirahan)		Age (Edad)	
Middle Name (Gitnang Pangalan)						Sex (Kasarian) M / F	
II. FOR CHU / RHU PERSONNEL ONLY (PARA SA KINATAWAN NG CHU / RHU LAMANG)							
Mode of Transaction	Walk-in			For REFERRAL Transaction only.			
	Visited			REFERRED FROM			
	Referral			REFERRED TO			
Date of Consultation	/ / (mm/dd/yyyy)			Reason(s) for Referral			
Consultation Time	AM / PM						
Blood Pressure		Temperature					
Height (cm)		Weight (kg)					
Name of Attending Provider				Referred by			
Nature of Visit	New Consultation/Case			Chief Complaints:			
	New Admission						
	Follow-up visit						
Type of Consultation / Purpose of visit	General		Family Planning				
	Prenatal		Postpartum				
	Dental Care		Tuberculosis				
	Child Care		Child Immunization				
	Child Nutrition		Sick Children				
	Injury		Firecracker Injury				
	Adult Immunization						
Diagnosis:							
Medication / Treatment:					Name of Health Care Provider:		
Laboratory Findings / Impression:					Performed Laboratory Test:		

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