



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 Pagtatawaho)	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.

SA FILIPINO

Aking nabasa at naintindihan ang Impormasyon ng Pasyente matapos ako'y bigyang-kaalamang 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 kanselatin 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.

SIGNATURE OF PATIENT / DATE
PIRMA NG PASYENTE / PETSA

NAME OF CHU/RHU REPRESENTATIVE
KINATAWAN NG CHU / RHU



INDIVIDUAL TREATMENT RECORD

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".

I. PATIENT INFORMATION (IMPORMASYON NG PASYENTE)

Last Name (Apelyido)		Suffix (e.g. Jr., Sr., II, III)		Age (Edad)		Sex (Kasarian) M / F	
First Name (Pangalan)		Residential Address (Tirahan)					
Middle Name (Gitnang Pangalan)							

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								
Type of Consultation / Purpose of visit	Follow-up visit								
	General	Family Planning							
	Prenatal	Postpartum							
	Dental Care	Tuberculosis							
	Child Care	Child Immunization							
	Child Nutrition	Sick Children							
	Injury	Firecracker Injury							
	Adult Immunization								

Diagnosis:				
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Medication / Treatment:		Name of Health Care Provider:		

Laboratory Findings / Impression:		Performed Laboratory Test:		