

**OSPITAL NG PARAÑAQUE – DISTRICT II**

**MEDICAL SOCIAL SERVICE SECTION/MALASAKIT CENTER**

**CLASSIFICATION FORM**

DATE : \_\_\_\_\_\_\_\_

NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_ GENDER : \_\_\_\_\_\_\_\_

ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATUS : \_\_\_\_\_\_\_\_

CLINICAL IMPRESSION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSESSMENT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARE OF : OMOE DOH-MAIP

PCSO OP-SCPF

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MEDICAL SOCIAL WORKER ON DUTY

**PREMIER 101 HEALTHCARE MANAGEMENT, INC.**

**ACKNOWLEDGEMENT FORM**

Ako si \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ taong gulang,

nakatira sa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ay nagpapatunay na ang sumusunod na pamamaraan ay naisagawa / gamot ay naibigay sa akin:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LABORATORY** | **PHARMACY** | **RADIOLOGY** | | | **DIALYSIS** |
| **X-RAY** | **ULTRASOUND** | **CT-SCAN** |
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**Laboratory Pharmacy Radiology Dialysis Pasyente /Kamag-anak /Petsa**

**CERTIFICATE OF INDIGENCY**

Date: \_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a needy patient with a classification of .

He / She is entitled to the medical privileges and other related benefits in this hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Attested by: Noted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MARY JEAN F. ONA, RSW**

MEDICAL SOCIAL SERVICE WORKER Chief, Medical Social Service

Program Manager, Malasakit Center