

Republic of the Philippines
Department of Health

INDIVIDUAL TREATMENT RECORD (ITR) FOLLOW-UP FORM
For All Children Under-Five Years of Age with Health Problems under IMCI or Non-
IMCI Classification/Other Children/Adults
(To be attached to the Initial ITR of the patient)

PATIENT'S CASE SUMMARY

Patient's Name _____ Family Serial No: _____
Date of Visit: _____ Age (in months if under five years of age): _____

I. Subjective Complaints(S/Sx):

Chief Complaint: _____
Present Illness: _____

Past History: _____

II. Objective Findings:

Vital signs: Heart Resp.
 Rate: Rate:
 BP (if Rate:
 Needed):
 Temp: Weight: Height:
 _____ _____ _____

Physical Examination:

Laboratory Results: _____

III. Assessment/Classification:

IV. Follow-up Plan of Management: (Further Treat, Refer and Health Educate)

Name and Signature of Service Provider