OSPITAL NG PARAÑAQUE		Document Code: **OSPAR-ADM-ADMITTING-008**
		Issue Date:
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Section / Department **ADMITTING SECTION**
Policy Title: **POLICY ON DISCIPLINARY ACTION**		Page No. 1 of 1
Prepared By:	**Reviewed By:**	**Approved by:**
Dianne B. Bernas MMPA OIC Admitting Section	**Arnaldo S. Cortes, RN** Supervising Administrative Officer **Darius J. Sebastian, MD, MPH, PHSAE** **Hospital Administrator**	**Jefferson R. Pagsisihan, MD, MHM** Hospital Director

OBJECTIVE: To deprecate personnel from committing alike violations as well as to maintain high ethical standard in workplace.

COVERAGE: This policy shall cover this section**.**

RESPONSIBILTIES:

I. It shall be the responsibility of the Admitting head to strengthen the implementation of this policy.

II. It shall be the responsibility of the Human Resources Office to process all the Incidental report

III. **PROCEDURES:**

1ST Offense Verbal warning

2nd Offense Incident Report

3rd Offense Issuance of memorandum

ADMIN-ADMITTING SECTION
DEFINITION OF TERMS

ADMISSION - The act or process of accepting someone into a hospital, clinic, or other treatment facility as an inpatient.

CENSUS- A count of the population and property evaluation in early Rome.

DAMA- Discharge against Medical Advice.

DIAGNOSIS- The art or act of identifying a disease from its signs and symptoms.

DISCHARGE- The act of discharging or unloading.

IHOMIS - Integrated Hospital Operation and Management Information System.

MEDICO-LEGAL- Pertaining to medicine or law or to forensic medicine.

- Medical Jurisprudence.

MEMORANDUM- A usually brief communication written for interoffice circulation.

MORTALITY- The number of deaths in a population during a given time or place.

MORTALITY RATE- The proportion of deaths to population.

PHILHEALTH- Philippine Health Insurance Corporation.

RT-PCR- Reverse Transcription Polymerase Chain Reaction.

Rapid Antigen Test- Antigen tests are immunoassays that detect the presence of a specific viral antigen, which indicates current viral infection. Antigen tests are currently authorized to be performed on nasopharyngeal, nasal swab, or saliva specimens placed directly into the assay's extraction buffer or reagent.

REFERENCE LIST:

https://www.merriam-webster.com/dictionary

https://www.google.com/search?q=philhealth+meaning&sxsrf=ALiCzsYrTva_qRpkp-PVsZpVaZQR9rWpxA%3A1653898669481&ei=rX2UYvv8HJqA1e8P0fWM2AQ&oq=philhea&gs_lcp=Cgdnd3Mtd2l6EAMYADIECAAQQzIQCC4QsQMQgwEQxwEQowIQQzIFCAAQkQIyCwgAEIAEELEDEIMBMgcIABCxAxBDMgQIABBDMgUIABCRAjIFCAAQgAQyDQgAELEDEIMBEMkDEEMyBQgAEJIDOgcIIxDqAhAnOgoILhDHARDRAxAnOgQIIxAnOgsILhDHARCvARCRAjoRCC4QgAQQsQMQgwEQxwEQowI6BAguEENKBAhBGABKBAhGGABQvQRY9Blgrjdo AXABeACAAWWIAfYEkgEDNi4xmAEAoAEBsAEKwAEB&sclient=gws-wiz

https://www.google.com/search?q=rapid+antigen+test+meaning&sxsrf=ALiCzsbL2n-XZhrSreFqXeVhPJIUPYUlOw%3A1653898599299&ei=Z32UYvHzEZHnwQOMt5iwCg&oq=rapid+antigen+&gs_lcp=Cgdnd3Mtd2l6EAEYBjIHCAAQsQMQQzIHCAAQyQMQQzIFCAAQkgMyBQgAEJIDMgQIABBDMgQIABBDMgQIABBDMgQIABBDMgQIABBDOgcIIxDqAhAnOg0ILhDHARCvARDqAhAnOgQIIxAnOgoILhDHARDRAxBDOggIABCABBCxA0oECEEYAEoECEYYAFCZBVjpIGDmPmgBcAF4AIAB1gOIAbUUkgEJMC45LjQuMC4xmAEAoAEBsAEKwAEB&sclient=gws-wiz

ADMIN-ADMITTING SECTION

FORMS

OSPITAL NG PARAÑAQUE

440 Quirino Avenue, City Of ParaÑAque

ADMISSION AND DISCHARGE RECORD

SR. CITIZEN NO.	HOSP. CODE HEALTH REC. NO.	OLD HEALTH REC NO.

PATIENT'S NAME : (Last) (Given) (Middle)	WARD/ROOM/BED/SERVICE

PERMANENT ADDRESS :	TEL. NO.	SEX [ ] M [ ] F
CIVIL STATUS [ ] S [ ] D [ ] SEP [ ] C [ ] W [ ] M [ ] N		

BIRTHDATE	AGE	BIRTH PLACE	NATIONALITY	RELIGION	OCCUPATION

EMPLOYER (Type of Business)	ADDRESS	TEL. NO.

FATHER'S NAME	MOTHER'S (MAIDEN) NAME	SPOUSE NAME	TEL. NO.

ADMISSION DATE : TIME :	DISCHARGE DATE : TIME :	TOTAL NO. OF DAYS	ADMITTING PHYSICIAN

ADMITTING CLERK	ATTENDING PHYSICIAN/SIGNATURE

TYPE OF ADMISSION : [ ] NEW [ ] OLD [ ] FORMER OPD	REFERRED BY : (Physician/Agency)

SOCIAL SERVICE CLASSIFICATION : [ ] A [ ] B [ ] C1 [ ] C2 [ ] C3 [ ] D

ALERT : ALLERGIC TO	HOSPITALIZATION PLAN COMPANY/INDUSTRIAL NAME :	HEALTH INSURANCE NAME :	TYPE OF INSURANCE COVERAGE:

DATA FURNISHED BY : (signature over printed name)	ADDRESS OF INFORMANT	RELATION TO PATIENT

ADMISSION DIAGNOSIS :

PRINCIPAL DIAGNOSIS : ICD CODE NO.

OTHER DIAGNOSIS :

PRINCIPAL OPERATION/PROCEDURE : ICPM CODE

OTHER OPERATION(S) PROCEDURE(S) :

ACCIDENT/INJURIES/POISONING (E CODE)

PLACE OF OCCURENCE

DISPOSITION [ ] DISCHARGED [ ] TRANSFERRED	[ ] DAMA [ ] ABSCONDED	RESULTS [ ] RECOVERED [ ] IMPROVED [ ] UNIMPROVED	[ ] DIED [ ] -48 HOURS [ ] +48 HOURS	[ ] AUTOPSY [ ] NO AUTOPSY	

OSPITAL NG PARAÑAQUE

AUTHORIZATION FOR SURGICAL TREATMENT

NAME (LAST,FIRST,MIDDLE)	SEX	AGE	HOSPITAL NO.

1. I,THE UNDERSIGNED, A PATIENT IN OSPITAL NG PARAÑAQUE, HEREBY AUTHORIZE DR._____ AND (WHOMEVER HE MAY DESIGNATE AS HIS ASSISTANTS) TO ADMINISTER SUCH TREATMENT AS IN NECESSARY,AND TO PERFORM THE THE FOLLOWING OPERATION(S) _____AND SUCH ADDITIONAL OPERATIONS
   (STATE NAME OF OPERATION(S) AND/OR PROCEDURES)

   OR PROCEDURES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING THE COURSE OF SAID OPERATIONS.

2. I FURTHER AUTHORIZE THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE CONSIDERED NECESSARY OR DESIRABLE WITH THE EXCEPTION OF _____
   (STATE NONE OR NAME OF ANESTHETIC)

3. I AUTHORIZE THAT ANY SPECIMENS,TISSUES,OR PARTS REMOVED FROM THE PATIENT MAYBE DISPOSED OF IN ACCORDANCE WITH THE HOSPITAL'S ESTABLISHED PRACTICE.

4. THE NATURE AND PURPOSE OF THE OPERATION THE RISKS INVOLVED AND THE POSSIBILITY OF COMPLICATIONS HAVE BEEN EXPLAINED TO ME BY DR. _____ I ACKNOWLEDGE THAT NO GUARANTEE OR ASSURANCE HAS BEEN MADE AS TO THE RESULTS THAT MAY BE OBTAINED.

5. I CERTIFY THAT I HAVE READ HIS CONSENT AND/OR THAT IT HAS BEEN EXPLAINED TO ME IN MY DIALECT. I FURTHER CERTIFY THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED BEFORE I AFFIXED MY SIGNATURE.

_____ SIGNATURE OF WITNESS

_____ SIGNATURE OF PATIENT

_____ DATE AND TIME

AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF A MINOR OR WHEN PATIENT IS PHYSICALLY OR MENTALLY INCOMPETENT

PATIENT IS A MINOR_____YEARS OF AGE

PATIENT IS UNABLE TO SIGN BECAUSE_____

_____ SIGNATURE OF WITNESS

_____ SIGNATURE OF PATIENT'S REPRESENTATIVE

_____ DATE

_____ RELATIONSHIP TO PATIENT

A-2

OSPITAL NG PARAÑAQUE

AUTHORIZATION FOR ADMISSION

NAME (LAST,FIRST,MIDDLE)	SEX	AGE	HOSPITAL NO.

CONSENT TO TREATMENT : The undersigned grants authority to Ospital ng Parañaque and its staff to perform those procedures and treatments deemed necessary for this patient

RELEASE OF INFORMATION : **Authorization is hereby granted to Ospital ng Parañaque and its staff to disclose all or any part** of the patient's record (1) to any person, corporations, or agency which is legally responsible for all or any part of the hospital

PROCUREMENT OF INFORMATION : The under signed designates and authorized Ospital ng Parañaque Hospital to be his agent for the purpose of of rendering such consent to other physicians, hospitals or clinics or may be necessary to obtain from them such previous or current records, as are needed in the patient's medical care while in Ospital ng Parañaque

CERTIFICATION: The undersigned certifies that he has read the foregoing and/or the foregoing has been ex-plained to him in his dialect and that he understands the nature and purpose of these authorizations to his full satisfaction and that he is the patient, or is duly authorized by the patient's general agent execute the above and accept its terms.

SIGNATURE OF WITNESS

SIGNATURE OF PATIENT

DATE

AUTHORIZATION MUST BE SIGNED BY THE PATIENT OR BY THE NEAREST RELATIVE IN THE CASE OF MINOR OR WHEN PATIENTS IS PHYSICALLY OR MENTALLY INCOMPETENT

PATIENT IS A MINOR _____ YEARS OF AGE

PATIENT IS UNABLE TO SIGNED BECAUSE _____

SIGNATURE OF WITNESS

SIGNATURE OF PATIENT'S RELATIVE

DATE

RELATIONSHIP TO PATIENT

A-1

OSPITAL NG PARAÑAQUE

440 Quirino Avenue, City of Parañaque

HEALTH RECORD NO.

TYPE OF SERVICE

EMERGENCY / TRIAGE RECORD

CASE ☐ ER ☐ Non- ER

MEDICO-LEGAL ☐ Yes ☐ No

PATIENT'S NAME : (Last) (Given) (Middle)

PERMANENT ADDRESS :

TELEPHONE NO.:	NATIONALITY:	AGE:	BIRTHDATE:	SEX:	CIVIL STATUS:
				☐ Male ☐ Female	☐ Child ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated

EMPLOYER: TELEPHONE NO.: NOTIFIED PROPER AUTHORITY: ☐ Yes ☐ No ☐ Not Applicable

DATE AND TIME OF REGISTRATION:
DATE :
TIME :

BROUGHT BY: _____
☐ Self ☐ Family Member ☐ Relatives ☐ Friend ☐ Uknown
☐ Police ☐ Neighbor ☐ Ambulance ☐ Others

CONDITIONS ON ARRIVAL:
☐ Good ☐ Fair ☐ Poor ☐ Shock ☐ Comatose ☐ Hemorrhagic ☐ DOA

TEMPERATURE: ☐ Axilla ☐ Oral ☐ Anal

PULSE:

BP:	CARDIAC RATE:	RESPIRATORY RATE:	WEIGHT:

CHIEF COMPLAINT:

ALLERGIES:

CURRENT MEDICATION:

PHYSICAL FINDINGS AND DIAGNOSIS:

TREATMENT: Can be continued at the back of sheet

NURSES NOTES:

DATE OF DISPOSITION:

TIME OF DISPOSITION:

DISPOSITION:
☐ Treated and Sent Home ☐ For Admission ☐ Transferred/Referred
☐ Absconded ☐ Refused Admission ☐ HAMA / DAMA
☐ Out When Called ☐ Died

CONDITION ON DISCHARGE:
☐ Stable
☐ Critical
☐ Expired

CLERK | Patient Signature | NURSE ON DUTY | DOCTOR'S NAME AND SIGNATURE

Hospital no.:_____
Name of Patient:_____

KARAPATAN NG PASYENTE, MAGULANG AT KAANAK

- Mapangalagaan ng maayos at may paggalang, walang pasubali sa lahi, relihiyon, kasarian, kulturang kinalakhan, kalagayang pangkabuhayan, edukasyon o karamdaman.
- Malaman ang mga pangalan ng Doktor at Nurses at ang kanilang bahagi sa pangangalaga sa pasyente.
- Malaman ang kalagayan ukol sa kanyang sakit at ang tinatayang panahon ng kanyang paggaling.
- Tumanggap ng inpormasyon sa mga paraan ng panggagamot; ang pagsang-ayon o pagtanggi man na may kaukulang kapahintulutan.
- Tumanggap ng maayos na pangangalaga sa angkop na kapaligiran, walang pang-aabuso o "harassment".
- Makakuha ng mga kailangang papeles sa "Medical Records" at makatiyak sa "confidentiality" ng mga ito.
- Magkaroon ng paliwanag sa kalalabasan ng gamutan o ang maaring resulta nito
- Makahingi ng mga tagabilin para sa mga dapat Gawain pag-uwi sa bahay.
- Karapatang lumabas ng ospital kahit walang pahintulot ang doctor; kailangan ang pirma sa isang kasulatang nag-aalis ng responsibilidad sa ospital anuman ang mangyari sa pasyente.
- Malaman ang mga serbisyong kailangang bayaran, suriin ang mga ito at humingi ng paliwanag kung kinakailangan.
- Malaman kung may mga legal na aksyong gagawin ang ospital sa paggamot sa pasyente.
- Umasa na mabibigyan siya ng tulong sa mga makatuwirang kahilingan sa ilang natatanging pangangailangan.

TUNGKULIN NG PASYENTE, MAGULANG AT KAANAK

- Magbigay ng totoo at ganap na impormasyon na may kinalaman sa kanyang kalusugan/karamdaman.
- Magpahalaga at magbigay respeto sa ibang pasyente, empleyado at gayon din sa ibang mga kasama.
- Magbayad sa mga kaukulang serbisyo at magbigay ng tamang impormasyon sa pag-ayos ng mga "insurance claims" kaugnay ng mga dapat bayaran sa ospital.
- Makipag-ugnayan sa "Medical Social Service" para sa tulong sa mga bayarin sa ospital.
- Sundin ang mga rekomendasyon ng Doktor tungkol sa mga pangangalang dapat gawin.
- Sundin ang mga patakaran at alituntunin ukol sa mga Oras ng Dalaw, ID ng mga bantay, tamang pagtatapon ng basura at maging ang paghihiwa-hiwalay ng mga ito.

_____ _____
Petsa Oras

_____
Lagda (Pasyente o Kamag-anak)

_____
Pangalan at kaugnayan sa Pasyente

_____
Saksi (Pangalan at Lagda)

Health Care Workers Attending to Patient:

_____ _____, Admitting Clerk
Petsa Oras Admitting Staff (Name, Signature & Position Title)

OSPITAL NG PARAÑAQUE

MEDICO-LEGAL REPORT

Nº 138761

This is to certify that _____ , _____ years, male / female, single / married / widow, of _____ , was treated / is confined at **OSPITAL NG PARAÑAQUE.**

Date of examination _____

Time of examination _____

Alleged nature of infliction _____

Place of infliction _____

Date of infliction _____

Time of infliction _____

FINDINGS: (Use back space if necessary)

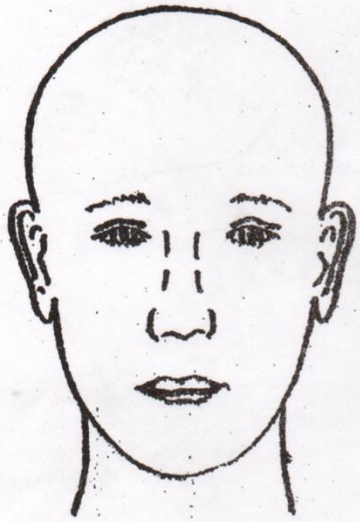
CONCLUSIONS:

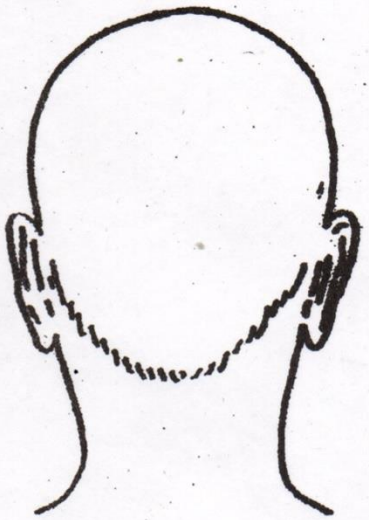
1. The above described physical injuries are found in the body of the subject, the age of which is compatible to the alleged date of infliction.
2. Under normal conditions, without subsequent complication and / or deeper involvement present, but not clinically apparent at the time of the examination, the above described physical injuries will require medical attendance or will incapacitate the victim for a period not less than ____ days but not more than ____ days.
3.

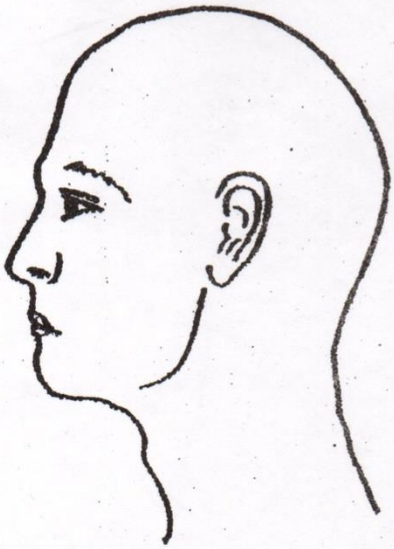
** Medico-legal report issued to _____

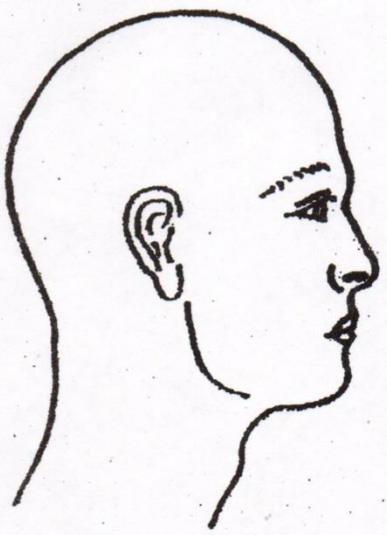
_____ M.D.
Attending Physician

Name: _____ Ref. No.: _____









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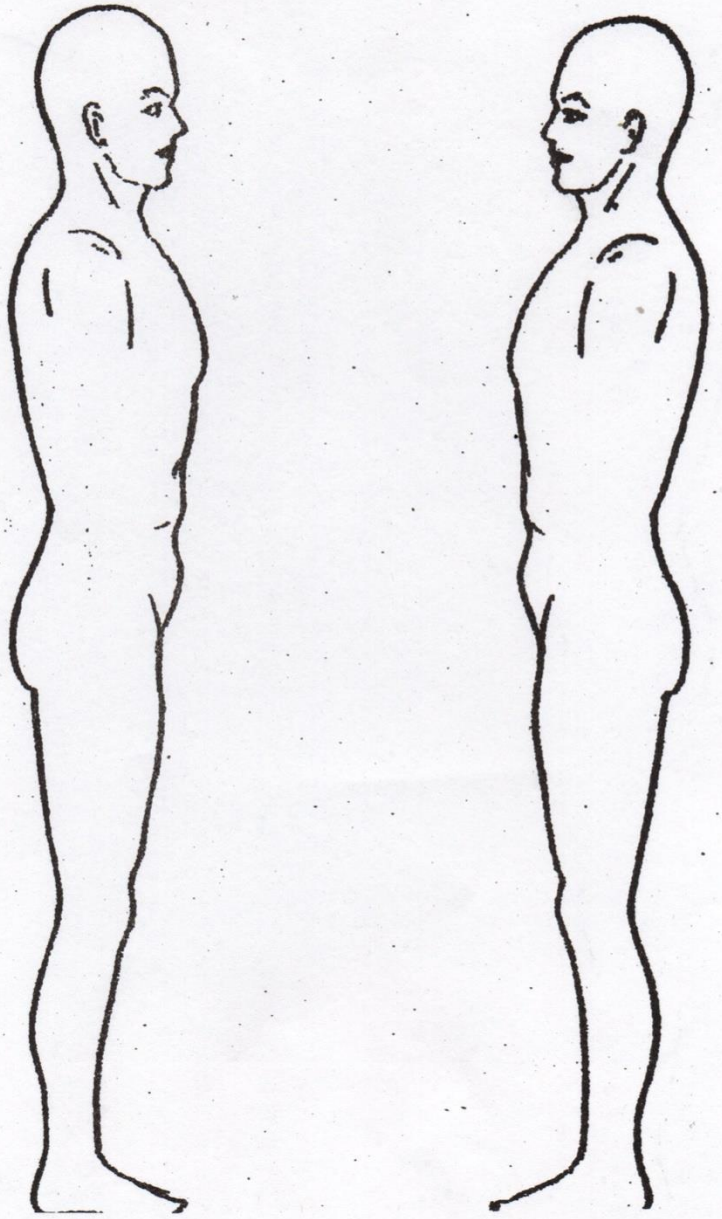
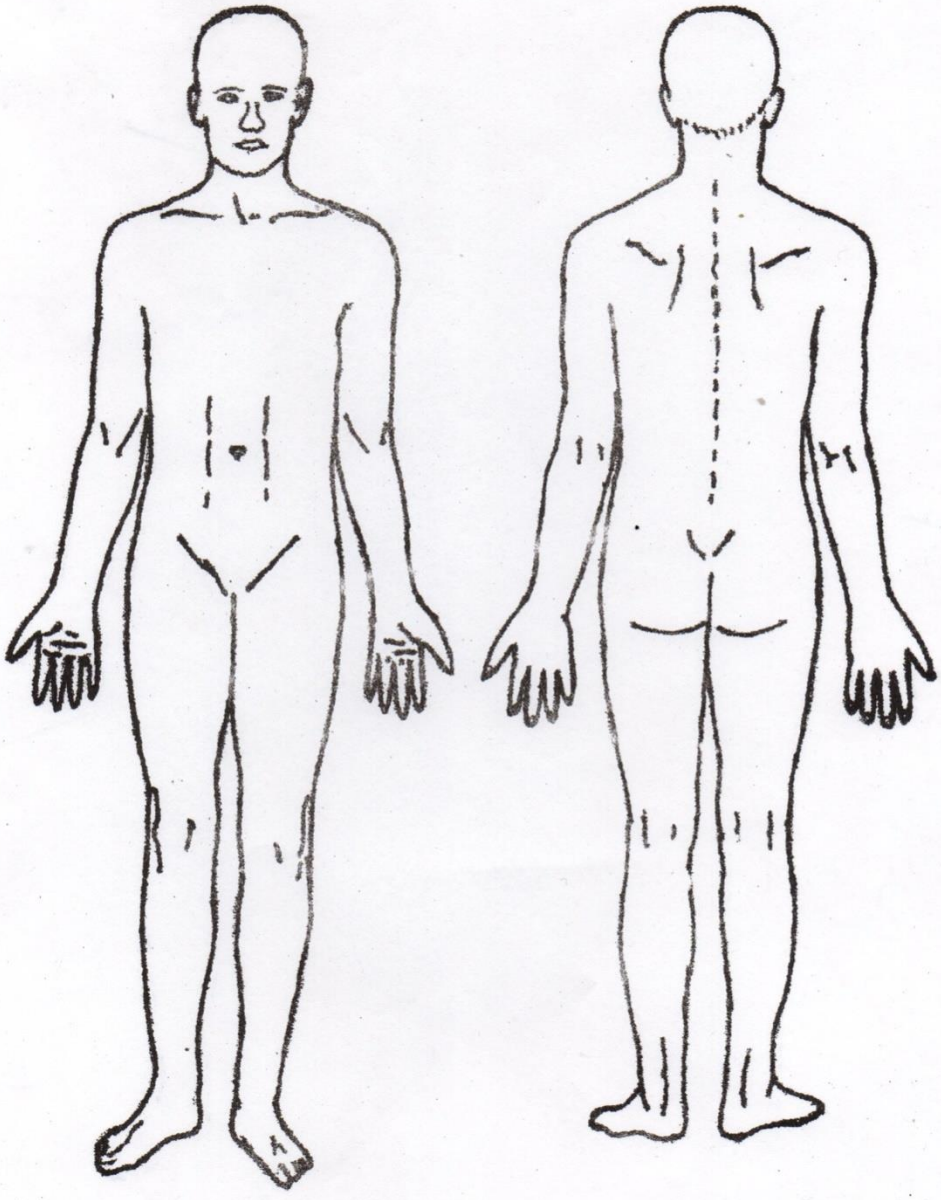


Name_____ Ref. No._____



_____
Examiner

OSPITAL NG PARAÑAQUE

440 Quirino Avenue, City of Parañaque

HEALTH RECORD NO.

TYPE OF SERVICE

EMERGENCY / TRIAGE RECORD

CASE ☐ ER ☐ Non- ER

MEDICO-LEGAL ☐ Yes ☐ No

PATIENT'S NAME : (Last) (Given) (Middle)

PERMANENT ADDRESS :

TELEPHONE NO.:	NATIONALITY:	AGE:	BIRTHDATE:	SEX:	CIVIL STATUS:
				☐ Male ☐ Female	☐ Child ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated

EMPLOYER: TELEPHONE NO.: NOTIFIED PROPER AUTHORITY: ☐ Yes ☐ No ☐ Not Applicable

DATE AND TIME OF REGISTRATION:
DATE :
TIME :

BROUGHT BY: _____
☐ Self ☐ Family Member ☐ Relatives ☐ Friend ☐ Uknown
☐ Police ☐ Neighbor ☐ Ambulance ☐ Others

CONDITIONS ON ARRIVAL:
☐ Good ☐ Fair ☐ Poor ☐ Shock ☐ Comatose ☐ Hemorrhagic ☐ DOA

TEMPERATURE:
☐ Axilla ☐ Oral ☐ Anal

PULSE:

BP:	CARDIAC RATE:	RESPIRATORY RATE:	WEIGHT:

CHIEF COMPLAINT:

ALLERGIES:

CURRENT MEDICATION:

PHYSICAL FINDINGS AND DIAGNOSIS:

TREATMENT: Can be continued at the back of sheet

NURSES NOTES:

DATE OF DISPOSITION:

TIME OF DISPOSITION:

DISPOSITION:
☐ Treated and Sent Home ☐ For Admission ☐ Transferred/Referred
☐ Absconded ☐ Refused Admission ☐ HAMA / DAMA
☐ Out When Called ☐ Died

CONDITION ON DISCHARGE:
☐ Stable
☐ Critical
☐ Expired

CLERK | Patient Signature | NURSE ON DUTY | DOCTOR'S NAME AND SIGNATURE

OSPITAL NG PARAÑAQUE

440 Quirino Avenue, City Of ParaÑAque

DATE AND TIME OF VISIT : **HEALTH RECORD NUMBER. :**

DATE :

OPD RECORD

PATIENT'S NAME : _____

Last Name First Name Middle Name

ADDRESS : _____

TELEPHONE NO. : _____ BIRTHDATE : _____ AGE : _____ STATUS : _____ SEX : _____

OCCUPATION : _____ COMPANY : _____

REFERRAL : _____

HISTORY

CHIEF COMPLAINT

PRESENT ILLNESS

PHYSICAL EXAMINATION

VITAL SIGNS

HEIGHT: _____ WEIGHT: _____ TEMPERATURE: _____

PULSE: _____ BP: _____ RR: _____

DIAGNOSIS

PLAN

DATE AND TIME DISCHARGED IN OPD

DISPOSITION

☐ Treated and Sent Home ☐ Refused Admissior ☐ Out When Called

DATE :

CONSULTING DOCTOR/SIGNATURE :

_____ _____ _____

CLERK **Patient's Signature**

INSTRUCTIONS TO PATIENTS

–oOo–

Always bring this card when you come for consultation or treatment in the HOSPITAL and Out-Patient Department (DISPENSARY).

You will pay P 50 if you lose or do not bring this card with you.

Kindly notify us in case of failure to keep the appointment and in case of change of address.

Laging dalhin itong tiket sa tuwing magpapatingin o magpapagamot sa HOSPITAL at sa DISPENSARIO.

Magbabayad kayo nang P 50 kung nawala o hindi dala ang tiket na ito.

Ipaalam lamang kung di makarating sa takdang araw at kung nagbago ng tirahan.

033733

OSPITAL NG PARAÑAQUE

La Huerta, Parañaque
Tel. 825-49-02 to 04

PATIENT'S IDENTIFICATION CARD

Hospital No. _____ Date _____

Name _____

Age _____ Sex _____

Address _____

APPOINTMENTS

DATE	TIME	CLINIC	DOCTOR

DATE	TIME	CLINIC	DOCTOR

OSPITAL NG PARAÑAQUE

OB-GYNE WARD DISCHARGE CLEARANCE

Name of Patient: _____

With Live baby : BOY / GIRL

Date: _____ Time: _____

NOD:

ER	STEP 1:	I-Double Check ang mga Detalye
	STEP 2:	Pumirma sa chart (Bandang Ibaba)
	STEP 3:	Dalhin ang card sa cashier at bayaran
	STEP 4:	Dalhin ang chart sa Emergency room

OPD	STEP 1:	I-Double Check ang mga Detalye
	STEP 2:	Pumirma sa chart (Bandang Ibaba)
	STEP 3:	Dalhin ang card sa cashier at bayaran
	STEP 4:	Dalhin ang chart sa OPD (4th floor)

CENSUS CHART

ICU - SECOND FLOOR		
ROOM	BED	NAME OF PATIENT
INTENSIVE CARE UNIT	1	
	2	
	3	
	4	
	5	
	6	
TOTAL :		
SIGNATURE :		
NURSE ON DUTY :		

NICU (CLEAN)		
ROOM	BED	NAME OF PATIENT
(INCUBATOR)	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
(CRIB)	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

NICU (SEPTIC)		
(INCUBATOR)	1	
	2	
	3	
	4	
	5	
(CRIB)	1	
	2	
	3	
	4	
	5	
TOTAL :		
SIGNATURE :		
NURSE ON DUTY :		

OSPITAL NG PARANAQUE
ADMITTING SECTION — DATE:
ADMITTING CLERK ON DUTY : — TIME:

MEDICAL WARD – FOURTH FLOOR

ROOM NUMBER	BED	NAME OF PATIENT	ROOM NUMB	BED	NAME OF PATIENT
ROOM 401 PEDIA (PCAP)	A		ROOM 406 (MALE SURGICAL WARD)	A	
	B			B	
	C			C	
ROOM 402	A			D	
	B		ROOM 407 (FEMALE WARD)	A	
	C			B	
ROOM 403	A			C	
	B		ROOM 408 (MALE WARD)	A	
	C			B	
ROOM 404 (TEMP.	A			C	
	B		ROOM 409 (ISOLATION)	A	
ROOM 405 (FEMALE SURGICAL WARD)	A			B	
	B				
	C				
	D				
TOTAL :					
SIGNATURE :					
NURSE ON DUTY					

OB WARD – THIRD FLOOR			BABY WARD	
ROOM	BED	MOTHER	BED	BABY
ROOM 301	1			
	2			
	3			
	4			
	5			
ROOM 302 (CS)	1			
	2			
	3			
	4			
	5			
	6			
	7			
ROOM 303	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
ROOM 304 (TENT)	1			
	2			
	3			
	4			
	5			
	6			
	7			
ROOM 305	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
ROOM 306	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
TOTAL :				

TOTAL :	
SIGNATURE :	
NURSE ON DUTY	

EMERGENCY WARD / TENT				COVID - 19 (OSPAR II ADMISSION)	
(COVID)	1			1	
	2			2	
	3			3	
	4			4	
	5			5	
TOTAL:				6	
(NON - COVID)	1			7	
	2			8	
	3			9	
	4			10	
	5			11	
	6			12	
	7			13	
	8			14	
	9			15	
	10			16	
TOTAL :				17	
(PROBABLE/ SUSPECT)	1			18	
	2			19	
	3			20	
	4			21	
	5			22	
	6			23	
	7			24	
	8			25	
	9			26	
	10			27	
	11			28	
	12			29	
	13			30	
	14			31	
	15			32	
	16			33	
	17			34	
	18			35	
	19			36	
	20			37	
TOTAL :				38	
				39	
ER TOTAL :				40	
SIGNATURE :				TOTAL : 0	
NURSE ON DUTY :				SIGNATURE :	
				NURSE ON DUTY :	

ADMISSIONS				
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
TOTAL :				
DISCHARGES				
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	18			
	19			
	20			
TOTAL :				

OVERALL TOTAL
PEDIA WARD : ---
MEDICAL WARD :
OB WARD WITH BABY :
NICU :
ICU : ---
EMERGENCY WARD/TENT :
OSPAR II :
TOTAL ADMITTED PATIENTS :

DIANNE B. BERNAS
OIC-Admitting Section

Noted by : ARNALDO S. CORTES
Supervising Administrative Officer

ENDORSEMENT
ADMISSION CENSUS

BARANGAY	2:01AM - 6:00AM	6:01AM - 6:00PM	6:01PM - 12:00M	TOTAL
BACLARAN				
BF HOMES				
DON BOSCO				
DON GALO				
LA HUERTA				
MARCELO GREEN VILLAGE				
MERVILLE				
MOONVALK				
SAN ANTONIO				
SAN DIONISIO				
SAN ISIDRO				
SAN MARTIN DE PORRES				
STO. NIÑO				
SUN VALLEY				
TAMBO				
VITALEZ				
TOTAL				
OUTSIDE COMMUNITY AREA				
TOTAL				
MALE				
FEMALE				
TOTAL				

CLINICAL STATISTIC	2:01AM - 6:00AM	6:01AM - 6:00PM	6:01PM - 12:00M	TOTAL
OB/GYNE				
PEDIA				
MEDICINE				
SURGERY				
NICU				
ORTHO				
TOTAL				
ADMISSION				
DISCHARGE				
SIGNATURE				
CLERK ON DUTY				

DATE:

ADMITTING SECTION

ACCOMPLISHMENT REPORT
DATE:

	BARANGAY	1			2			3			4			5			6			7			TOTAL		
		ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM		OPD	ADM
1	BACLARAN																								
2	BF HOMES																								
3	DON BOSCO																								
4	DON GALO																								
5	LA HUERTA																								
6	MARCELO GREEN VILLAGE																								
7	MERVILLE																								
8	MOONWALK																								
1	SAN ANTONIO																								
2	SAN DIONISIO																								
3	SAN ISIDRO																								
4	SAN MARTIN DE PORRES																								
5	STO. NIÑO																								
6	SUN VALLEY																								
7	TAMBO																								
8	VITALEZ																								
	SUB-TOTAL																								
	OUTSIDE COMMUNITY																								
	TOTAL																								
	TOTAL NO. OF ER/OPD																								
	LOST CARD																								
	TOTAL NO. ML/MC																								
	MALE																								
	FEMALE																								
	TOTAL																								

	CLINICAL STATISTICS	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD
CLINICAL STATISTIC ER/OPD	OB/GYNE																
	PEDIA																
	MEDICINE																
	SURGERY																
	ORTHO																
	NEW ML																
	NEW MC																
	TOTAL																
	OLD PATIENT																

CLINICAL STATISTIC ADMISSION	OB/GYNE																
	PEDIA																
	MEDICINE																
	SURGICAL																
	NICU																
	ORTHO																
	TOTAL																
CLINICAL STATISTIC DISCHARGE																	

Click to add header

NAME:
POSITION:

ADMITTING SECTION

ACCOMPLISHMENT REPORT
DATE:

	BARANGAY	1-7			8-14			15-21			22-28			29-31							TOTAL		
		ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM	ER	OPD	ADM
1	BACLARAN																								
2	BF HOMES																								
3	DON BOSCO																								
4	DON GALO																								
5	LA HUERTA																								
6	MARCELO GREEN VILLAGE																								
7	MERVILLE																								
8	MOONWALK																								
1	SAN ANTONIO																								
2	SAN DIONISIO																								
3	SAN ISIDRO																								
4	SAN MARTIN DE PORRES																								
5	STO. NIÑO																								
6	SUN VALLEY																								
7	TAMBO																								
8	VITALEZ																								
	SUB-TOTAL																								
	OUTSIDE																								
	TOTAL																								
	TOTAL NO. OF ER/OPD																								
	LOST CARD																								
	TOTAL NO. ML/MC																								
	MALE																								
	FEMALE																								
	TOTAL																								

	CLINICAL STATISTIC	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD	ER	OPD
CLINICAL STATISTIC ER/OPD	OB/GYNE																		
	PEDIA																		
	MEDICINE																		
	SURGERY																		
	ORTHO																		
	NEW ML																		
	NEW MC																		
	TOTAL																		
	OLD PATIENT																		

	CLINICAL STATISTIC																		
CLINICAL STATISTIC	OB/GYNE																		
	PEDIA																		
	MEDICINE																		
	SURGICAL																		
	NICU																		
	ORTHO																		
	TOTAL																		

CENSUS (NEW PATIENTS)

BARANGAY	12:01AM - 6:00AM	6:01AM - 6:00PM		6:01PM - 12:00M	TOTAL	
	ER	ER	OPD	ER	ER	OPD
BACLARAN						
BF HOMES						
DON BOSCO						
DON GALO						
LA HUERTA						
MARCELO GREEN VILLAGE						
MERVILLE						
MOONWALK						
SAN ANTONIO						
SAN DIONISIO						
SAN ISIDRO						
SAN MARTIN DE PORRES						
STO. NIÑO						
SUN VALLEY						
TAMBO						
VITALEZ						
TOTAL						
OUTSIDE COMMUNITY AREA						
TOTAL						
TOTAL (ER & OPD)						

	12:01AM - 6:00AM	6:01AM - 6:00PM		6:01PM - 12:00M	ER	OPD
MALE						
FEMALE						
TOTAL						

CLINICAL STATISTIC	12:01AM - 6:00AM	6:01AM - 6:00PM		6:01PM - 12:00M	TOTAL	
	ER	ER	OPD	ER	ER	OPD
OB/GYNE						
PEDIA						
MEDICINE						
SURGERY						
ORTHO						
EENT						
ML						
MC						
TOTAL						
OLD PATIENT						
LOST CARD						
ADMISSION						
DISCHARGE						
SIGNATURE						
CLERK ON DUTY						

OLD & NEW CENSUS

	12:01AM-6:00AM	6:01AM-6:00PM		6:01PM-12:00AM	TOTAL	
BARANGAY	ER	ER	OPD	ER	ER	OPD
BACLARAN						
B.F HOMES						
DON BOSCO						
DON GALO						
LA HUERTA						
MARCELO GREEN						
MERVILLE						
MOONWALK						
SAN ANTONIO						
SAN DIONISIO						
SAN ISIDRO						
SMDP						
STO. NIÑO						
SUN VALLEY						
TAMBO						
VITALEZ						
TOTAL:						
OTHER CITIES						
TOTAL:						
ML						
MC						
MALE						
FEMALE						
TOTAL:						
NEW PATIENT						
OLD PATIENT						
TOTAL:						
ADMISSIONS						
DISCHARGED						
CLERK ON DUTY:						
DATE:						

C E R T I F I C A T I O N

DATE: _____

This is to certify that _____ yrs. old, Male/Female, Single/Married of _____ _____.

Is currently admitted / confined in this Hospital since: _____ to _____.

This certification is issued upon request for PHILHEALTH purposes.

DIANNE B. BERNAS
OIC- ADMITTING OFFICE

Admitting Diagnosis: