Annex G: Template for Health Screening/First Patient Encounter (FPE)

HEALTH SCREENING/FPE FORM

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| **1. CLIENT PROFILE** |
| |  |  |  |  | | --- | --- | --- | --- | | {a1} Walk-in clients | {b1} With appointment |  |  | |
| \*Health Screening Date (mm/dd/yyyy):   |  |  | | --- | --- | | {screeningDate} |  | |
|  |
| **INDIVIDUAL HEALTH PROFILE**   |  |  | | --- | --- | | Case Number: | PhilHealth Identification Number: | | {caseNumber} | {PhilHealthIdNumber} | |
|  |
| Client Details   |  |  |  |  | | --- | --- | --- | --- | | Last Name: | First Name: | Middle Name: | Extension Name: | |  |  |  |  | | Age: | Date of Birth (mm/dd/yyyy): | Sex: | Client Type: | |  |  |  |  | |  |  |  |  | |
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