PhilHealth
Your Partner In Health

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CF4

(Claim Form 4)
August 2018

Series # | | | | | | | | | | | | |

IMPORTANT REMINDERS:

PLEASE FILL OUT APPROPRIATE FIELDS. WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.

This form, together with other supporting documents, should be filed within **sixty (60) calendar days** from date of discharge.

All information, fields and tick boxes in this form are necessary. **Claim forms with incomplete information shall not be processed.**

FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMISITRATIVE LIABILITIES.

I - HEALTH CARE INSTITUTION (HCI) INFORMATION

1. Name of HCI
Southern Philippines Medical Center

2. Accreditation Number
H 1 1 0 1 8 3 1 9

3. Address of HCI

Bldg No. and Name/Lot/Block	Street/Subdivision/Village	Barangay/City/ Municipality	Province	Zip Code
J.P Laurel, Bajada		Davao City	Davao del Norte	8000

II - PATIENT'S DATA

1. Name of Patient

Last Name	First Name	Middle Name
DOCTOR	RESSA	

2. PIN

3. Age
21 year(s) 3 month(s)

4. Sex
[ ] Male [/] Female

5. Chief Complaint
BLEEDING GUMS; CONSTIPATION - dfdfjzjzz

6. Admitting Diagnosis
z

7. Discharge Diagnosis

8.a. 1st Case Rate Code

8.b. 2nd Case Rate Code

9.a. Date Admitted: 12 (month) – 04 (day) – 2019 (year)

9.b. Time Admitted 09 (hour) : 04 (min) [/] AM [ ] PM

10.a. Date Discharged: 01 (month) – 12 (day) – 2019 (year)

10.b. Time Discharged 04 (hour) : 14 (min) [ ] AM [/] PM

III - REASON FOR ADMISSION

1. History of Present Illness:

dfsdfsdd dfs

2.a. Pertinent Past Medical History:

Past Medical History: Emphysema-dfsdfs. None
-NONE.
Surgery: dfsdfsd (2004-01-09).

2.b. OB/GYN History

G 5 **P** 5 **(** 5 **-** 55 **-** 5 **-** 0 **) LMP:** _____ [ ] **NA**

3. Pertinent Signs and Symptoms on Admission (tick applicable box/es):

[ ] Altered mental sensorium	[ ] Diarrhea	[ ] Hematemesis	[ ] Palpitations
[ ] Abdominal cramp/pain	[ ] Dizziness	[ ] Hematuria	[ ] Seizures
[ ] Anorexia	[ ] Dysphagia	[ ] Hemoptysis	[ ] Skin rashes
[ ] Bleeding gums	[ ] Dyspnea	[ ] Irritability	[ ] Stool, bloody/black tarry/mucoid
[ ] Body weakness	[ ] Dysuria	[ ] Jaundice	[ ] Sweating
[ ] Blurry of vision	[ ] Epistaxis	[ ] Lower extremity edema	[ ] Urgency
[ ] Chest pain/discomfort	[ ] Fever	[ ] Myalgia	[/] Vomiting
[ ] Constipation	[ ] Frequency of urination	[ ] Orthopnea	[/] Weight loss
[ ] Cough	[ ] Headache		

[ ] **Pain,** _____ **(site)**

[/] **Others** Right leg pain ,Jsjzjjzz

4. Referred from another health care institution (HCI): [ ] **No** [ ] **Yes, Specify Reason** _____

Name of Originating HCI _____

5. Physical Examination on Admission (Pertinent Findings per System)

General Survey [ ] **Awake and alert** [ ] **Altered sensorium:** _____

Vital Signs: **BP:** _____ **HR:** _____ **RR:** _____ **Temp:** _____

5. Physical Examination continued (Pertinent Findings per System)

HEENT: ☐ Essentially normal ☐ Abnormal pupillary reaction ☐ Cervical lymphadenopathy ☐ Dry mucous membrane
☐ Icteric sclerae ☐ Pale conjunctivae ☐ Sunken eyeballs ☐ Sunken fontanelle
Others: _____

CHEST/LUNGS: ☐ Essentially normal ☐ Asymmetrical chest expansion ☐ Decreased breath sounds ☐ Wheezes
☐ Lump/s over breast(s) ☐ Rales/crackles/rhonchi ☐ Intercostal rib/clavicular retraction
Others: _____

CVS: ☐ Essentially normal ☐ Displaced apex beat ☐ Heaves and/or thrills ☐ Pericardial bulge
☐ Irregular rhythm ☐ Muffled heart sounds ☐ Murmur
Others: _____

ABDOMEN: ☐ Essentially normal ☐ Abdominal rigidity ☐ Abdomen tenderness ☐ Hyperactive bowel sounds
☐ Palpable mass(es) ☐ Tympanitic/dull abdomen ☐ Uterine contraction
Others: _____

GU (IE): ☐ Essentially normal ☐ Blood stained in exam finger ☐ Cervical dilatation ☐ Presence of abnormal discharge
Others: _____

SKIN/EXTREMITIES: ☐ Essentially normal ☐ Clubbing ☐ Cold clammy skin ☐ Cyanosis/mottled skin
☐ Edema/swelling ☐ Decreased mobility ☐ Pale nailbeds ☐ Poor skin turgor
☐ Rashes/petechiae ☐ Weak pulses
Others: _____

NEURO-EXAM: ☐ Essentially normal ☐ Abnormal gait ☐ Abnormal position sense ☐ Abnormal/decreased sensation
☐ Abnormal reflex(es) ☐ Poor/altered memory ☐ Poor muscle tone/strength ☐ Poor coordination
Others: _____

IV. COURSE IN THE WARD (Attach photocopy of laboratory/imaging results) ☐ Check box if there is/are additional sheet(s).

DATE	DOCTOR'S ORDER/ACTION
2019-12-04	LABORATORY ORDER: 24hr Urine CA.
2019-12-04	LABORATORY ORDER: 24hr Urine CA.
2019-12-04	LABORATORY ORDER: TETRAHYDROCANABINOL DT.
2019-12-04	LABORATORY ORDER: 24hr Urine CL.
2019-12-09	PRESCRIPTION ORDER:PARACETAMOL 250 mg/5 mL SYRUP 30 mL BOTTLE.
2019-12-09	REFER TO: Emergency Medicine, REFERRAL REASON: ACUTE APPENDICITIS
2020-01-08	RADIOLOGY ORDER: ABDOMEN CROSS-TABLE LATERAL VIEW.
2020-01-08	RADIOLOGY ORDER: ABDOMEN (UPRIGHT SUPINE) PAY-W.
2020-01-08	LABORATORY ORDER: 24hr Urine Crea.

SURGICAL PROCEDURE/RVS CODE (Attach photocopy of OR technique):

V. DRUGS/MEDICINES ☐ Check box if there is/are additional sheet(s).

Generic Name	Quantity/Dosage/Frequency/Route	Total Cost
TRAMADOL 100MG/2ML AMPULE (FS)	1 Dosage & Frequency:2%, 20 mL N/A Route:Intravenous	47.00
KETOROLAC 30MG/ML (493)	2 Dosage & Frequency:0.3% + 0.1% twice a day/q12 Route:Intramuscular	95.00
TRAMADOL 100MG/2ML AMPULE (FS)	1 Dosage & Frequency:dfsdf sdfs Route:sdfsdf	47.00
CELECOXIB 200MG (DM87)	9 Dosage & Frequency:dsdf sdfs Route:sdfsd	6.00
NEOSTIGMINE AMPULE (235)	2 Dosage & Frequency:sdfsd sdfsd Route:dfsdf	111.00
TRAMADOL 100MG/ML (309)	1 Dosage & Frequency:dsfsdf twice a day/q12 Route:Subcutaneous	58.00

FENTANYL CITRATE, 50MG/ML (DM121)	1 Dosage & Frequency:sdfsd sdf Route:sdfsd	105.00
PROPOFOL 20ml AMPULE (275-A)	1 Dosage & Frequency:sdfs sdfsd Route:sdfs	101.00
NALBUPHINE 10MG/ML AMPULE (FS)	1 Dosage & Frequency:sdfs sdfs Route:sdf	130.00
ATROPINE AMPULE (FS)	1 Dosage & Frequency:dfsdf sdfsd Route:sdfsd	46.00
PLR 1L BOTTLE (FS)	1 Dosage & Frequency:sdfs dsfsd Route:sdfs	110.00
KETOROLAC 30MG AMPULE (FS)	2 Dosage & Frequency:dfsd sfsdf Route:dfsd	117.00
D5LR 1L (GLASS)	1 Dosage & Frequency:dsfd sdfsd Route:dfsdf	173.00
ATRACURIUM BESYLATE 2.5MG/ML	4 Dosage & Frequency:dfsdf dfds Route:sdfsd	112.00
SEVOFLURANE BOTTLE	60 Dosage & Frequency:sdfsd fsdf Route:sdfsdf	25.00
METOCLOPRAMIDE AMPULE (LAP CHOLE)	1 Dosage & Frequency:sdfsd sdfsdf Route:dfsdfsd	75.00
OMEPRAZOLE 40MG/ML IV (DM249)	1 Dosage & Frequency:sdfsd sdfsd Route:sdfsd	40.00
D5LR 1L (321)	1 Dosage & Frequency:sdfsd sdfs Route:sdfs	110.00
BISACODYL 5MG (DM320)	3 Dosage & Frequency:sdfsd sdfs Route:dfsd	3.00
CEFAZOLIN 1G vial (46)	2 Dosage & Frequency:2%, 20 mL dfd Route:Intrathecal 3	50.00
BISACODYL 10 MG SUPPOSITORY	1 Dosage & Frequency:dfsd dfdf Route:sdfs 34	19.00

VI. OUTCOME OF TREATMENT

☐ **IMPROVED** ☐ **HAMA** ☐ **EXPIRED** ☐ **ABSCONDED** ☐ **TRANSFERRED** **Specify Reason:** _____

VII - CERTIFICATION OF HEALTH CARE PROFESSIONAL

Certification of Attending Health Care Professional:

I certify that the above information given in this form, including all attachments, are true and correct.

_____
Signature over Printed Name of Attending Health Care Professional

0 3 - 1 3 - 2 0 2 0
month day year

Date Signed