

**CHRISTIAN MEDICAL CLINIC INC.**

22 A Madison St. New Manila Quezon City

Mobile No. 02-79015090

Accredited by: Dept. of Health (DOH), POEA, MARINA, TESDA, PRC &amp; DDB

Member: Accredited Medical Clinics for Overseas Workers, Inc. (AMCOW)

QR, R &amp; C.PIS2

REV. 0 05.02.19

**Patient Information Sheet**

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

Px No	Last Name	First Name	M.I.
Age	Sex (M/F)	Civil Status	Address
Occupation	Contact No	Office Contact No:	
Company	Company Address		

I declare under the penalties of perjury that all information stated above have been accomplished in good faith verified by me and to the best of my knowledge and belief are and correct

\_\_\_\_\_  
(Patient's signature over printed name)

**Please do not fill below this line (FOR CLINIC use only- check**

**Part II - Check List**

<b>Cashier</b>	
<input type="checkbox"/> Paid	Amt.
<input type="checkbox"/> Charged	

<b>Laboratory</b>	
<input type="checkbox"/> Regular	
<input type="checkbox"/> Others	

<b>Radiology</b>	
<input type="checkbox"/> Chest PA	
<input type="checkbox"/> Others	

<b>Optical</b>	
Vision	

<b>ECG</b>	
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<b>Audio</b>	
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<b>Medical</b>	
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<b>Dental</b>	
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<b>PED</b>	
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<b>NURSE REMARKS</b>	
INITIAL FINDINGS	FINAL FINDINGS



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**Requirement Need:**

- 2 Valid ID'S (1 photo copy each)  
Identification (Valid Passport, Driver's License, or other government-issued ID.)
- 2x2 Picture (3 copies with white background)
- Ballpen
- Printable Patient Information Sheet Form

**“Kindly make sure all requirements are complete and attached before visiting Christian Medical Clinic”**

**Physical and Preparatory Steps:**

- **Fasting** - Do not eat or drink (except water) for 8-12 hours before blood test.
- **Rest** - Get 6-8 hours of sleep; avoid alcohol / caffeine beforehand.