



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

Citystate Centre, 709 Shaw Boulevard, Pasig City  
Call Center (02) 441-7442 Trunkline (02) 441-7444  
[www.philhealth.gov.ph](http://www.philhealth.gov.ph)



Case No. \_\_\_\_\_

**Annex “J – Developmental Disability”**

**Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES**

PATIENT (Last name, First name, Middle name, Suffix)	AGE
ADDRESS	
CONTACT NUMBER	

**CERTIFICATE OF ASSESSMENT AND RECOMMENDATIONS**

I. Nature of Client Visit:

- Initial consult/assessment
- Follow-up consult/assessment

Date of previous assessment: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Outcome of previous assessment (Please include standard test score if applicable):

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II. Summary for Present Consult/Assessment

Date completed: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of consult/assessment and standard test done, if applicable:

- Medical, Developmental Pediatrics
  - Griffiths Mental Developmental Scale
  - Battelle Developmental Inventory
  - Brigance Inventory of Early Development
  - Vineland Adaptive Behavior Scales
- Medical, Rehabilitation Medicine
  - Functional Independence Measure (FIM & WEE-FIM)
  - Pediatric Quality of Life Inventory
  - WHO-Quality of Life Assessment
- Physical therapy
  - Gross Motor Function Measure
  - Peabody Developmental Motor Scale
  - Erhardt Developmental Prehension Assessment
- Occupational therapy
  - Beery-Buktenica Developmental Test of Visual-Motor Integration
  - Test of Visual Perceptual Skills
- Speech therapy
  - Preschool Language Scale
  - Clinical Evaluation of Language Fundamentals
  - Picture Articulation Test

