



CF3

(Claim Form)
revised November 2013

PART I - PATIENT'S CLINICAL RECORD

1. PhilHealth Accreditation No. (PAN) - Institutional Health Care Provider:

2. Name of Patient

Last Name, First Name, Middle Name (example: Dela Cruz, Juan Jr., Sipag)

4. Date Admitted: - - Time Admitted: AM PM
Month Day Year hh-mm hh-mm

5. Date Discharged: - - Time Discharged: AM PM
Month Day Year hh-mm hh-mm

3. Chief Complaint / Reason for Admission:

6. Brief History of Present Illness / OB History:

7. Physical Examination (Pertinent Findings per System)

General Survey:

Vital Signs : BP : _____ CR: _____ RR: _____ Temperature: _____ Abdomen :
HEENT : GU (IE) :
Chest/Lungs : Skin/Extremities :
CVS : Neuro Examination :

8. Course in the Wards (attach additional sheets if necessary):

9. Pertinent Laboratory and Diagnostic Findings: (CBC, Urinalysis, Fecalalysis, X-ray, Biopsy, etc.)

10. Disposition on Discharge: Improved Transferred HAMA Absconded Expired

