Annex J.3: Checklist of Mandatory and Other Services – Tranche 1 As of October 2023





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
♥ Citystate Centre, 709 Shaw Boulevard, Pasig City
♥ (02) 8441-7442 ⊕ www.philhealth.gov.ph
⑦ PhilHealthOfficial ♥ teamphilhealth

Case No.

HEALTH FACILITY (HF)			
ADDRESS OF HF			
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix SEX Image: Male Image: Set		
	2. PhilHealth ID Number		
B. MEMBER	 (Answer only if the patient is a dependent; otherwise, write, "same as above") 1. Last Name, First Name, Middle Name, Suffix 		
	2. PhilHealth ID Number		

CHECKLIST OF MANDATORY AND OTHER SERVICES Specialty Mental Health Services Tranche 1

Place a (\checkmark) in the appropriate tick box if the services is done or given

SERVICES	
Assessment	
Diagnostics	Complete Blood Count (CBC) w/ platelet
	Urinalysis
	Fasting Blood Glucose
	Lipid Profile
	Liver Function Test
	AST
	Renal Function Tests
	BUN
	Creatinine
	Thyroid Function Tests
	TSH TSH
	FT4
	FT 3
	Electrolytes
	Sodium (Na)
	Detassium (K)
	Pregnancy Test (For Female)
	ESR
	Anti-thyroid antibody

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Conforme by:	Certified correct by:
(Printed name and signature) Parent/Guardian/Patient	(Printed name and signature) Attending Physician
	PhilHealth Accreditation No.
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)