

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



Case No.

Annex "C1 - RF/RHD"

CHECKLIST OF MANDATORY AND OTHER SERVICES Rheumatic Fever/Rheumatic Heart Disease

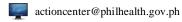
Tranche 1

HEALTH CARE INSTITUTION (HCI)							
ADDRESS OF HCI							
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX					
		☐ Male ☐ Female					
	2. PhilHealth ID Number	-					
B. MEMBER	1. Last Name, First Name, Middle Name, Suffix						
(answer only if							
the patient is a dependent)	2. PhilHealth ID Number						

	MANDATORY SERVICES	Status	OTHER SERVICES, as needed	Status
	Tick one, whichever is	Dates of		
	applicable	injection:		
A. For rheumatic fever	□ penicillin G benzathine (benzathine benzylpenicillin), 1.2M units, vial (MR) (IM) every 28 days OR □ Oral secondary prophylaxis, tick one □ phenoxymethyl penicillin (penicillin V)	1 2 3 4 5 6 7 Start date of oral prophylaxis:		
	□ erythromycin	Date of last intake:		

As of January 2019





MANDATORY SERVICES Status OTHER SERVICES,	as	Status			
Tick one, whichever is applicable Dates of injection: penicillin G benzathine (benzathine benzylpenicillin), 1.2M units, vial (MR) (IM) every 21 days OR OR Oral secondary prophylaxis, tick one phenoxymethyl penicillin (penicillin) Date of last		Indicate date/s done or NA if not			
erythromycin intake:		applicable			
g □ ASO					
Example 1					
□ CRP					
☐ CBC with platelet ☐ EKG					
☐ Chest X-ray aspirin					
हु च aspiriii prednisone					
o antacid					
E. Date of initial registration in Date					
the RF/RHD Registry					
Conforme by Documents reviewed by					
(Printed name and signature) (Printed name and sig	gnature)			
	RF/RHD Coordinator				
Date signed (mm/dd/yyyy) Date signed (mm/dd/yyyy)					
Certified correct by: Certified correct by:	Certified correct by:				
Attending Physician Executive Director/Chief of	(Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief				
PhilHealth Accreditation No.					
Date signed (mm/dd/yyyy) Date signed (mm/dd/yyyy)	1	1 1 1 1			

As of January 2019