

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 "C2 – RF/RHD"

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

Tranche 2

HEALTH CARE INSTITUTION (HCI)					
ADDRESS OF HCI					
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix SEX Image: Description of the second sec				
	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 theumatic 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) erythromycin 	1.	

As of January 2019

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	MANDATORY SERVICES	Status	OTHER	R SERVICES, as needed	Status
B. For RF/RHD	Tick one, whichever is applicable penicillin G benzathine (benzathine benzylpenicillin), 1.2M units, vial (MR) (IM) every 21 days OR OR Oral secondary prophylaxis, tick one phenoxymethyl penicillin (penicillin V) erythromycin	Dates of injection: 1 2 3 4 5 6 7 8 9 10 Start date of oral prophylaxis: Date of last intake:		Incoded	
C. Lab exam	2D Echocardiography	Date/s:			
D. Others			aspirin prednisone antacid	;	
Е.	Date/s of updates* in the RF/RHD Registry	Date/s			

* The RF/RHD Coordinator should update the information of the patient in the registry at least every six months.

Conforme by	Documents reviewed by		
(Printed name and signature)	(Printed name and signature)		
Parent/Guardian/Patient	RF/RHD Coordinator		
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)		
Certified correct by:	Certified correct by:		
(Printed name and signature)	(Printed name and signature)		
Attending Physician	Executive Director/Chief of Hospital/		
	Medical Director/ Medical Center Chief		
PhilHealth Accreditation No.	PhilHealth Accreditation No.		
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)		

As of January 2019

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