

Annex B.4: Checklist of Mandatory and Other Services (6 to 60 Months Old) - Tranche 2



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 709 Shaw Boulevard, Pasig City
 (02) 8662-2588 www.philhealth.gov.ph
 PhilHealthOfficial teamphilhealth

Case No. _____

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX Male Female
	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 □□ - □□□□□□□□□□ - □	

Place a (√) in the appropriate tick box

MANDATORY AND OTHER SERVICES	
Follow- up Visits	
Counseling (All of the following) <ul style="list-style-type: none"> ● IYCF Counseling and support Breastfeeding (up to 2 years or beyond) and appropriate complementary feeding, counsel on meal frequency and food diversity ● Nutritional Counseling including of RUTF or RUSF and corresponding ration cards ● Water, Sanitation, and Hygiene (WASH) 	Date taken (mm/dd/yyyy): _____ Date taken (mm/dd/yyyy): _____ Date taken (mm/dd/yyyy): _____
<input type="checkbox"/> Weekly home visits and surveillance	Date taken (mm/dd/yyyy): _____



Certified correct by:													Conforme by:												
(Printed name and signature) Attending Physician													(Printed name and signature) Patient												
PhilH ealth Accre ditati on No.													Date signed (mm/dd/yyyy)												
Date signed (mm/dd/yyyy)																									