

#### 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 "J – Developmental Disability"

#### Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

PATIENT (Last name, First name, Middle name, Suffix)	AGE
ADDRESS	
CONTACT NUMBER	

# CERTIFICATE OF ASSESSMENT AND RECOMMENDATIONS

## I. Nature of Client Visit:

- □ Initial consult/assessment
- □ Follow-up consult/assessment

Date of previous assessment: (mm/dd/yyyy) \_\_\_/\_\_\_

Outcome of previous assessment (Please include standard test score if applicable):

II. Summary for Present Consult/Assessment

Date completed: (mm/dd/yyyy) \_\_\_/\_\_/\_\_\_ Nature of consult/assessment and standard test done, if applicable:

□ Medical, Developmental Pediatrics

- Griffiths Mental Developmental Scale
- □ Battelle Developmental Inventory
- □ Brigance Inventory of Early Development
- Vineland Adaptive Behavior Scales
- □ Medical, Rehabilitation Medicine
  - □ Functional Independence Measure (FIM & WEE-FIM)
  - Dediatric Quality of Life Inventory
  - □ WHO-Quality of Life Assessment

# □ Physical therapy

- Gross Motor Function Measure
- Peabody Developmental Motor Scale
- Erhardt Developmental Prehension Assessment
- □ Occupational therapy
  - Beery-Buktenica Developmental Test of Visual-Motor Integration
  - Test of Visual Perceptual Skills
- $\Box$  Speech therapy
  - Preschool Language Scale
  - Clinical Evaluation of Language Fundamentals
  - □ Picture Articulation Test

As of September 2017

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Assessment Results:

	mont Summerry	Current test s	
1	ment Summary:		
1.	Developmental disability		
	Cognitive		
	□ Motor		
	□ Communication		
	□ Social/Emotional		
	□ Adaptive		
2.	Functional disability		
	□ Home care and managem	nent of children wit	h disability (CWD)
	□ Activities of daily living		
	□ Learning, applying know	ledge &/or underta	king tasks
	Domestic life, relationshi	0	2
	□ Mobility and safety		
	□ Education/employment/	community/social	and or civic life
	Contextual (environment	-	
3	Others: Please specify		
5.			
	<ul><li>SPED &amp; other school sys</li><li>Psychological</li></ul>		
	<ul> <li>Psychological</li> <li>Social service</li> <li>For assessment/reassessment by</li> <li>Physical therapist, specify</li> <li>Speech therapist, specify</li> <li>Occupational therapist, sp</li> <li>For temporary discharge with following</li> </ul>	Con Coth a rehabilitation they number of sessions number of sessions pecify number of se	nmunity-based rehabilitation service ers, please specify rapist ns:
	<ul> <li>Psychological</li> <li>Social service</li> <li>For assessment/reassessment by</li> <li>Physical therapist, specify</li> <li>Speech therapist, specify</li> <li>Occupational therapist, sp</li> <li>For temporary discharge with foll</li> <li>For final discharge</li> </ul>	Con Coth a rehabilitation they number of sessions number of sessions pecify number of se	nmunity-based rehabilitation service ers, please specify rapist ns: s: essions:
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