

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

Page 1 of 2 of Annex C1 – Developmental Disability

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. | | | |
| | SPED & other school sysPsychological | | |
| | Psychological Social service For assessment/reassessment by Physical therapist, specify Speech therapist, specify Occupational therapist, sp For temporary discharge with following | Con Coth a rehabilitation they number of sessions number of sessions pecify number of se | nmunity-based rehabilitation service ers, please specify rapist ns: |
| | Psychological Social service For assessment/reassessment by Physical therapist, specify Speech therapist, specify Occupational therapist, sp For temporary discharge with foll For final discharge | 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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