



*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](http://www.philhealth.gov.ph)



Case No. \_\_\_\_\_

**Annex “J – Mobility Impairment”**

**Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT**

PATIENT (Last name, First name, Middle name, Suffix)	BIRTHDAY (mm/dd/yyyy)
ADDRESS	
CONTACT NUMBER	

**CERTIFICATE OF COMPLETED TRAINING ON THE SAFE AND FUNCTIONAL USE OF THE DEVICE**

This certifies that patient \_\_\_\_\_, has completed the training on the safe and functional use of the device \_\_\_\_\_.

Remarks (if any): \_\_\_\_\_

Conforme by Patient/Parent/Guardian:

\_\_\_\_\_  
Printed name and signature

Certified by:

- Attending Medical Specialist
- Rehabilitation Therapy Specialist

\_\_\_\_\_  
Printed name and signature

PhilHealth  
Accreditation No.

□	□	□	□	□	–	□	□	□	□	□	□	–	□
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**Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT**  
**Attachment to Annex J**

IMPORMASYON NG PASYENTE  
*PATIENT INFORMATION*

Petsa ng Kapanganakan (Buwan/Araw/Taon) <i>Birthday (mm/dd/yyyy)</i>	Kasarian <i>Sex</i> <input type="checkbox"/> Lalaki <input type="checkbox"/> Babae <i>Male</i> <i>Female</i>
<input type="checkbox"/> Prosthetic User <input type="checkbox"/> Primary User	<input type="checkbox"/> Orthotic User <input type="checkbox"/> Established User
Pinanggalingan ng Impormasyon: <i>Source of information:</i>	<input type="checkbox"/> Magulang <input type="checkbox"/> Tagapag-alaga <i>Parent</i> <i>Guardian</i>

**TALATANUNGAN (QUESTIONNAIRE)**

Panuto: Punan ng angkop na impormasyon ang bawat patlang. Lagyan ng tsek (✓) ang kahon na tumutukoy sa inyong opinion ng serbisyo sa klinika. Sumangguni sa kahulugan ng mga sagot sa ibaba.

*Direction: Answer the following items by putting check marks (✓) on the box that corresponds to your answer. Refer to the items below for the interpretation of answers.*

- 4: Lubos na Nasisiyahan (*Very Satisfied*)
- 3: Nasisiyahan (*Satisfied*)
- 2: Hindi Nasisiyahan (*Dissatisfied*)
- 1: Lubos na Hindi Nasisiyahan (*Very Dissatisfied*)

Gaano ka nasisiyahan sa mga sumusunod? <i>How satisfied are you with the following?</i>	4	3	2	1
<b>I. Prosthesis or Orthosis (Device)</b>				
1. Pagiging komportable ng iyong prosthesis/orthosis tuwing ginagamit ito ng mahabang oras <i>Comfort of your device when used for a long period of time</i>				
2. Panlabas na anyo ng iyong prosthesis/orthosis <i>Visual appearance of your device</i>				
3. Sukat ng prosthesis/orthosis <i>Fit of your device</i>				
4. Pagsuot at pagtanggap ng prosthesis/orthosis <i>Ease of donning and doffing of your device</i>				
5. Bigat ng prosthesis/orthosis <i>Weight of your device</i>				

Gaano ka nasisiyahan sa mga sumusunod? <i>How satisfied are you with the following?</i>	4	3	2	1
<b>II. Serbisyo (Services)</b>				
6. Pakikitungo ng prosthetist/orthotist <i>Treatment of the Prosthetist/Orthotist</i>				
7. Pagpapaliwanag ng prosthetist/orthotist sa mga proseso sa klinika <i>Explanation of the Prosthetist/Orthotist about the clinic process</i>				
8. Pagbibigay ng tagubilin ng prosthetist/orthotist ukol sa paggamit ng prosthesis/orthosis <i>Instructions provided by Prosthetist/Orthotist when using prosthesis/orthosis</i>				
9. Paggawa ng mga desisyon ng prosthetist/orthotist patungkol sa prosthesis/orthosis <i>Prosthetist/Orthotist's decision about my prosthesis/orthosis</i>				
10. Pagsasaalang-alang ng prosthetist/orthotist sa inyong mga opinion at desisyon <i>Prosthetist/Orthotist's consideration about your own opinions and decisions</i>				
11. Pakikipag-ugnayan ng prosthetist/orthotist sa ibang mga propesyonal ukol sa inyong serbiyo-medikal? (Doktor, Physical Therapist, Occupational Therapist, etc.) <i>Prosthetist/Orthotist's coordination with other healthcare professionals in regards to your treatment plan? (Doctor, Physical Therapist, Occupational Therapist, etc.)</i>				
12. Pagiging mabait at magalang ng mga tauhan <i>Courteousness and respectfulness of the staff</i>				
13. Pagbibigay halaga ng mga tauhan para sa iyong karapatang pang-pribado <i>Privacy rights provided in the clinic</i>				
<b>Pasilidad (Facility)</b>				
14. Pasilidad ng klinika <i>Facilities of the clinic</i>				
15. Pagkakaroon ng sapat na mga rampa, elevator, at palikuran para sa mga Persons with Disabilities (PWDs) <i>Availability of ramps, elevators and comfort rooms for Persons with Disabilities (PWDs)</i>				
16. Kabuuang serbisyong iyong natanggap <i>Overall service that was provided</i>				

**Karagdagang mga komento o suhestiyon:**  
**Further comments or suggestions:**

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