Annex I.1A: Checklist of Essential Health Services Using CAPD - Adult

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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Case No. _____

HEALTH FACILITY (HF)		DATE OF CONSULTATION (mm/dd/yyyy)
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name	SEX ☐ Male ☐ Female
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
B. MEMBER ☐ *Same as patient (Answer only if the patient is a dependent)*	1. Last Name, First Name, Suffix, Middle Name	
	2. PhilHealth ID Number ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	
Name of the Attending Nephrologist		

I. Peritoneal Dialysis Solutions Using CAPD		
A. Number of bags and glucose content using 2L bags (indicate the number of bags on the blank) _____ 1.5% _____ 2.5% or 2.3 % _____ 4.25%	B. Number of exchanges covered by PhilHealth per day (place a ✓ opposite appropriate answer) _____ 3 _____ 4	C. Calcium content (place a ✓ opposite appropriate answer) _____ Low _____ Regular
II. Supplies and Commodities Place a (✓) opposite appropriate answer		
A. PD Transfer set ☐ Transfer set given (2 per calendar year, every six months) B. ☐ PD adapter C. ☐ PD Clamp D. ☐ Topical antiseptic spray		

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician/Nephrologist	(Printed name and signature) Patient/Parent/Guardian
PhilHealth Accreditation No. ☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐	
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)