

Annex I.2B: Checklist of Essential Health Services Using APD PD Bags - Pediatric



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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 PhilHealthOfficial teamphilhealth

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 <input type="checkbox"/> Male <input type="checkbox"/> Female 2. PhilHealth ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
B. MEMBER <input type="checkbox"/> Same as patient (Answer only if the patient is a dependent)	1. Last Name, First Name, Suffix, Middle Name 2. PhilHealth ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
Name of the Attending Pediatric Nephrologist	

I. Peritoneal Dialysis Solutions Using APD		
A. Number of bags and glucose content using 5L 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) _____ 1 _____ 2 _____ 3	C. Calcium content (place a ✓ opposite appropriate answer) _____ Low _____ Regular
II. Supplies and Commodities Place a (✓) opposite appropriate answer		
A. <input type="checkbox"/> APD Cassette B. <input type="checkbox"/> APD Drain bag		

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician/Pediatric Nephrologist	(Printed name and signature) Patient/Parent/Guardian
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> 	
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

