Annex I.3B: Checklist of Essential Health Services for Outpatient Treatment of PD-related Peritonitis for Adults and Pediatric Patients

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

Case No. _____

HEALTH FACILITY (HF)		
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 ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐	

Place a (✓) opposite appropriate answer

Essential Health Services	
a. Laboratory and Diagnostic Tests	☐ CBC ☐ Creatinine ☐ Sodium ☐ Potassium ☐ Calcium ☐ Albumin ☐ Scout film of abdomen ☐ Dialysate effluent cell count ☐ Dialysate effluent culture and sensitivity (CS)
b. Procedure/ Services	☐ Consultation Indicate the date (mm/dd/yyyy): _____
c. Medicine, Supplies and Commodities	☐ Antimicrobials (e.g. vancomycin 1g/vial, amikacin 250mg or 500mg/vial) Indicate: _____ ☐ Heparin 1,000IU/mL, 5 mL vial ☐ Mupirocin or its equivalent ☐ Nystatin (as indicated) ☐ Medical supplies Indicate: _____

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)