



# CF3

(Claim Form)  
revised November 2013

## PART I - PATIENT'S CLINICAL RECORD

1. PhilHealth Accreditation No. (PAN) - Institutional Health Care Provider:

2. Name of Patient

\_\_\_\_\_  
Last Name, First Name, Middle Name (example: Dela Cruz, Juan Jr., Sipag)

4. Date Admitted:  -  -  Time Admitted: AM PM  
Month Day Year hh-mm hh-mm

5. Date Discharged:  -  -  Time Discharged: AM PM  
Month Day Year hh-mm hh-mm

3. Chief Complaint / Reason for Admission:

6. Brief History of Present Illness / OB History:

7. Physical Examination ( Pertinent Findings per System )

General Survey:

Vital Signs : BP : \_\_\_\_\_ CR: \_\_\_\_\_ RR: \_\_\_\_\_ Temperature: \_\_\_\_\_ Abdomen :

HEENT : GU ( IE ) :

Chest/Lungs : Skin/Extremities :

CVS : Neuro Examination :

8. Course in the Wards (attach additional sheets if necessary):

9. Pertinent Laboratory and Diagnostic Findings: ( CBC, Urinalysis, Fecalalysis, X-ray, Biopsy, etc. )

10. Disposition on Discharge:  Improved  Transferred  HAMA  Absconded  Expired

