Rev.02 Eff.: 15 January 2020

PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
Taft Avenue, Manila

PHIC -Accredited Health Care Provider
ISO 9001 Certified

Case No. : DEPT. OF FAM...
Date: ______ Clinic: ...MANILA UNIT
Chief Complaint : ______
Triage Officer : ______

FOR DOPS USE ONLY

KAALAMAN UKOL SA PASYENTE (PATIENT INFORMATION SHEET)

PAALALA (REMINDER): Isulat sa MALALAKING LETRA ang impormasyong hinihingi at i-tsek (✓) ang tamang kahon [ ]. *(All information must be written in CAPITAL LETTERS and check (✓) the appropriate box [ ].)*

LAST NAME X X FIRST NAME MIDDLE NAME RELIGION

X X X X

Pangalan (Name): ______ ______ ______
Apelyido (Surname) BIRTHDAY Unang Pangalan (First Name) TELEPHONE Gitnang Pangalan (Middle Name)

Kasarian (Sex): [ ] Babae (Female) [ ] Lalaki (Male) **Relihiyon (Religion):** MOTHER'S MAIDEN NAME ______

Katayuan (Civil Status): [ ] Dalaga/Binata (Single) [ ] May Asawa (Married) [ ] Hiwalay (Separated) [ ] Biyuda/o (Widow/er)

PATIENT'S ADDRESS

Kapanganakan (Birthday): Petsa (Date) ______ Telepono (Telephone): ______

NAME OF PERSON

Pangalan ng Ina sa Pagkadalaga (Mother's Maiden Name): ______

TELEPHONE NUMBER

Tirahan ng Pasyente (Patient's Address): ______

Taong Hahanapin sa Oras ng Pangangailangan (Person to Notify in Case of Emergency): ______

Telepono (Telephone): ______

Paalala: Ang lahat ng impormasyon dito ay mananatiling lihim at hindi dapat isiwalat nang walang pahintulot ng pasyente, maliban kung kinakailangan o pinahintulutan ng batas. (RA 10173 – Data Privacy Act of 2012)
Reminder: *ALL information herein will be kept confidential and shall not be disclosed without patient's consent, unless required or authorized by law. (RA10173 – Data Privacy Act of 2012).*

______
Lagda sa Ibabaw ng Pangalan (Signature Over Printed Name)
Pasyente (Patient) / Taong Pinahintulutan (Authorized Representative)