

**INDIVIDUAL HEALTH PROFILES
COVER SHEET**

COLLECTION DETAILS AND REVIEW

1 Date Started Collection

m	m	d	d	y	y	y	y

2 Date Completed Collection

m	m	d	d	y	y	y	y

3 Collector's Name, Signature

4 Supervisor's Name, Signature

5 Date of Review by Supervisor

m	m	d	d	y	y	y	y

I. IDENTIFICATION

A1 Region

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A2 Province

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A3 City/Municipality

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A4 Name of Health Facility

II. NO. OF INDIVIDUAL HEALTH PROFILES

B1 No. of Reviewed Charts with Individual Health Profiles:

B2 No. of Reviewed Charts without Individual Health Profiles:

B3 TOTAL (must be 24)

24

III. INDIVIDUAL HEALTH PROFILES BY PHILHEALTH MEMBERSHIP

C1 No. of Individual Health Profiles where Patient is a PhilHealth Member or Dependent

C2 No. of Individual Health Profiles where Patient is not a PhilHealth Member or Dependent

C3 TOTAL (must be the same as B1)

IV. INDIVIDUAL HEALTH PROFILES BY FORMAT

D1 No. of Individual Health Profiles in PhilHealth Format

D2 No. of Individual Health Profiles in Other Formats

D3 TOTAL (must be the same as B1)

V. HEALTH PROFILE IDENTIFIERS**Charts Reviewed with Health Profiles**

	(1) Survey ID Number of Profile	(2) Age of Patient	(3) Is patient a PhilHealth member or dependent?		(4) Is Individual Health Profile in PhilHealth format?	
			1-Yes	3-No	1-Yes	3-No
E1						
E2						
E3						
E4						
E5						
E6						
E7						
E8						
E9						
E10						
E11						
E12						
E13						
E14						
E15						
E16						
E17						

	(1) Survey ID Number of Profile	(2) Age of Patient	(3) Is patient a PhilHealth member or dependent?		(4) Is Individual Health Profile in PhilHealth format?	
			1-Yes	3-No	1-Yes	3-No
E18						
E19						
E20						
E21						
E22						
E23						
E24						