

**Please fill-up all necessary information**

**PATIENTS INFORMATION SLIP**

<input type="checkbox"/> NEW <input type="checkbox"/> RE-ADMITTED		ADMISSION DATE:		ROOM NO.:	CATEGORY:
PATIENTS NAME (LAST, GIVEN, MIDDLE)			BIRTHPLACE:	BIRTHDATE:	
PERMANENT ADDRESS:			RELIGION:		
COMPANY:			OCCUPATION:		AGE:    CIVIL STATUS:
COMPANY ADDRESS:			CONTACT #:		SEX:    CITIZENSHIP:
SPOUSE:			CONTACT NO.:		
OCCUPATION:			FATHER:		
FATHER:			MOTHER:		
OCCUPATION:			OCCUPATION:		
WHOM TO NOTIFY INCASE OF EMERGENCY:		RELATIONSHIP	CONTACT NO.	ADDRESS	
RESPONSIBLE FOR HOSPITAL ACCOUNT:					
RELATIONSHIP:			PLEASE CHECK IF:		
OCCUPATION:			PHILHEALTH:		
CONTACT NUMBER:			[ ] WITHOUT PHILHEALTH		
ADMITTING DIAGNOSIS:			[ ] WITH PHILHEALTH		
MODE OF PAYMENT:			[ ] MEMBER    ( ) with		
ATTENDING PHYSICIAN:			[ ] DEPENDENT    HEALTH CARD		
[ ] INITIAL ADVANCE:			[ ] SENIOR CITIZEN    ( ) SELF-PAY		
[ ] CASH BASIS			[ ] PWD CARD HOLDER		
[ ] INDUSTRIAL					
[ ] COMPANY					

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PATIENT/RELATIVE

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ADMITTING STAFF / DATE

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COMPANY ADDRESS:			CONTACT #:		SEX:    CITIZENSHIP:
SPOUSE:			CONTACT NO.:		
OCCUPATION:			FATHER:		
FATHER:			MOTHER:		
OCCUPATION:			OCCUPATION:		
WHOM TO NOTIFY INCASE OF EMERGENCY:		RELATIONSHIP	CONTACT NO.	ADDRESS	
RESPONSIBLE FOR HOSPITAL ACCOUNT:					
RELATIONSHIP:			PLEASE CHECK IF:		
OCCUPATION:			PHILHEALTH:		
CONTACT NUMBER:			[ ] WITHOUT PHILHEALTH		
ADMITTING DIAGNOSIS:			[ ] WITH PHILHEALTH		
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[ ] CASH BASIS			[ ] PWD CARD HOLDER		
[ ] INDUSTRIAL					
[ ] COMPANY					

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PATIENT/RELATIVE

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ADMITTING STAFF / DATE

ADMISSION SI

HOSPITAL NO.		ADMISSION D
<input type="checkbox"/> NEW <input type="checkbox"/> RE-ADMITTED		ADMISSION TI
CLASSIFICATION:		SERVICE:
PATIENTS NAME (LAST, FIRST, MIDDLE)		
PERMANENT ADDRESS:		
CONTACT NO:	CIVIL STATUS:	
	CITIZENSHIP:	
COMPANY:		
ADDRESS:		
SPOUSE:		
OCCUPATION:		
FATHER:		
OCCUPATION:		
WHOM TO NOTIFY INCASE OF EMERGENCY:		REL
RESPONSIBLE OF HOSPITAL ACCOUNT		RELATIONSH

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DATE:		ROOM NO.:
TIME:		CATEGORY:
		ROOM RATE:
		BIRTHDATE:
		BIRTHPLACE:
		RELIGION:
	AGE:	OCCUPATION:
	SEX:	
		TELEPHONE NO.:
	CONTACT NO.:	
	MOTHER:	
	OCCUPATION:	
RELATIONSHIP	CONTACT NO.	ADDRESS
SHIP	CONTACT NO.	ADDRESS