

## **Bureau of Corrections**

PERSON DEPRIVED OF LIBERTY

**CLINICAL FACE SHEET** 

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Patient's Name: (Last, Given, Middle)							Ward/Room:			Prison Number:		
- diene stanie (cost diven) middle)							Waru/Room.			riison wumber.		
Alias:	Birthday:		Sex:	Age:	Civil	vil Status: N		Nationality:		Religion:	Occupation:	
Permanent Address:												
Termanent radices												
Spouse Name: Fa			ther's Name:						Mother's Maiden Name:			
Next of kin to notify:	:	Addre	ddress:						Tel No:			
Informant:	ormant: Address,			/Tel No. of Informant: Relat				ion to Patient: Admitting Clerk/F			Clerk/Personnel:	
Admission Date and Time: Discharge Date and Time:							Admitting Physician:					
Type of Admission:   New Old/ Last Admission's Date:							_	Blood Type: Height: Weight:			Weight:	
Admission from: OPD OER OBS Minimum Medium						○Max	Maximum Philhealth M			-		
								○ Member ○ Dependent				
								○ Non-member ○ Enrolled				
Admitting Diagnosis: ICD CODE NO:												
Final Diagnosis:						ICD CODE NO:						
Other Diagnosis:								ICD CC	DDE NO			
Other Diagnosis.								icb cc	JDE NO	•		
Principal Operation / Procedure: :								ICD C	DDE NO	):		
Other Operation(s)/Procedure(s)::							ICD CODE NO:					
Accident/Injuries/Poisoning (E CODE):: ICD CODE NO:												
Place of Occurrence:												
Disposition of Patien	· ·					Attending Physician:						
Obischarge			Recovered									
<ul><li>○ Transferred</li><li>○ DAMA</li></ul>			<ul><li>○ Improved</li><li>○ Unimprove</li></ul>	d								
Absconded			Autopsy	·u								
Released			O No Autopsy	v								
			Death over 48									
		-	) Death under 4									
											M.D.	
For IMR use only:								Signatu	re Ove	Printed Nam	ne	

NOTE: PLEASE FILL OUT ALL THE DATA/BLANKS ABOVE

○ Encoded