

患者氏名 :
患者ID :

Tagalog / Tagalog / タガログ語

Dokumento ng Referral ng Pasyente /Patient Referral Document/ 診療情報提供書

Para Sa/To/病院: _____ Address/Address/住所: _____

Para kay/Attn/先生: _____ Pangalan ng ospital/Hospital name/病院名: _____

Departamento/Department/診療科: _____

Selyo/Seal/印
Taon/Year/年 Buwan/Month/月 Araw/Day/日

Pangalan/Name /氏名		Kasarian/Sex /性別	<input type="checkbox"/> Lalaki/Male/男 <input type="checkbox"/> Babae/Female/女
Araw ng kapanganakan (YYYY/MM/DD) /Date of birth (YYYY/MM/DD) /生年月日	Taon/Year/年 Buwan/Month/月 Araw/Day/日	Edad/Age /年齢	taong gulang /years old /歳
Address/Address /住所			
Telepono (bahay) /Phone No. (Home) /電話 (自宅)		Cellphone (mobile) /Phone No. (Mobile) /電話 (携帯)	
Hanapbuhay/Occupation /職業			
Diagnosis/Diagnosis /傷病名			
Dahilan para sa referral /Reason for referral /紹介目的			
Kasaysayang medikal ng pasyente at ng kanyang pamilya /Medical history of patient and his/her family /既往歴及び家族歴			
Kursong klinikal, mga resulta ng mga test, at kabuuan ng gamutan /Clinical course, test results, and treatment summary /症状経過及び 検査結果・治療経過			
Kasalukuyang gamutan /Current medication /現在の処方			
Mga materyales na nakalakup /Materials attached /資料添付	<input type="checkbox"/> Wala/No/無 <input type="checkbox"/> Oo/Yes /有 → <input type="checkbox"/> X-ray /X-ray/X線 <input type="checkbox"/> CT <input type="checkbox"/> MPT/MP/MRI/MR <input type="checkbox"/> Endoscopy/Endoscopy/内視鏡 <input type="checkbox"/> Ultrasound/Ultrasound/超音 波 <input type="checkbox"/> ECG/ECG/心電図 <input type="checkbox"/> Pagsusuri ng dugo/Blood test/採血検査 <input type="checkbox"/> Buod ng paglabas ng ospital /Discharge summary/退院サマリ		