



PAHINA NG MGA IMPORMASYON SA PANAHOON NG EMERHENSYA TAWAGAN ANG 911

Tagalog

IMPORMASYON NG MALALAPITAN CONTACT INFORMATION

Pangalan _____ **Apelyido** _____
(First Name) (Last Name)

Tirahan _____ **Numero ng Apartment** _____
(Address) (Apartment Number)

Lungsod _____ **Postal Code** _____
(City) (Postal Code)

PangunahingTelepono (_____) - _____ **PanghalilingTelepono** (_____) - _____
(Main Phone) (Alt. Phone)

Kard Pangkalusugan _____ **Petsa ng Kapanganakan** ____/____/____
(Health Card) (Birth Date) **araw** (day) **buwan** (month) **taon** (year)

(Mga) PangunahingWika _____ **Kasarian** **L** **B**
(Primary Language) (Gender) (M) (F)

Paunang Tagubilin sa Pangangalaga → **Naka-file sa** _____
(Advanced Care Directive) (On file with)

Malalapitan sa Emerhersya 1 _____
(Emergency Contact 1)

PangunahingTelepono (_____) - _____ **PanghalilingTelepono** (_____) - _____
(Main Phone) (Alt. Phone)

Malalapitan sa Emerhersya 2 _____
(Emergency Contact 2)

PangunahingTelepono (_____) - _____ **PanghalilingTelepono** (_____) - _____
(Main Phone) (Alt. Phone)

PangunahingTagapangalaga ng Kalusugan _____
(Primary Care Provider)

Telepono (_____) - _____
(Phone)

KAUGNAY NA KASAYSAYANG PANG-MEDIKAL RELEVANT MEDICAL HISTORY

- | | | |
|--|--|---|
| <input type="checkbox"/> Sakit sa Puso (angina, atake sa puso)
(Cardiac (angina, heart attack, bypass, pacemaker)) | <input type="checkbox"/> Dyabetiko (IDDM/NIDDM)
(Diabetic (insulin / non insulin dependant)) | <input type="checkbox"/> Kanser
(Cancer) |
| <input type="checkbox"/> Stroke o Atake sa Utak/TIA
(Stroke/TIA) | <input type="checkbox"/> COPD (emphysema o sakit sa baga, brongkitis)
(COPD (emphysema, bronchitis)) | <input type="checkbox"/> Alzheimer
(Alzheimer) |
| <input type="checkbox"/> Alta-presyon
(Hypertension (high blood pressure)) | <input type="checkbox"/> Sumpong (convulsions)
(Seizure (convulsions)) | <input type="checkbox"/> Demensya
(Dementia) |
| <input type="checkbox"/> Paninikip ng Mahinang Puso
(Congestive heart failure) | <input type="checkbox"/> Hika
(Asthma) | <input type="checkbox"/> Saykayatriko
(Psychiatric) |

Iba pa _____
(Other)

MGA MEDIKASYON MEDICATIONS

1) _____	6) _____	11) _____
2) _____	7) _____	12) _____
3) _____	8) _____	13) _____
4) _____	9) _____	14) _____
5) _____	10) _____	15) _____

MGA ALERHIYA SA MEDIKAL MEDICAL ALLERGIES

Hindi Kilalang mga Alerhiya (No Known Allergies) **Penisilin** (Penicillin) **ASA (Aspirin)** (ASA) **Sulpha** (Sulpha) **Codeine** (Codeine)

Iba pa (Other) _____

NATATANGING MGA KONSIDERASYON SPECIAL CONSIDERATIONS

Nakakahawang Impeksiyon / Sakit _____
(Communicable Infection / Disease)

Iba pa (Other) _____

Kaanib na Ospital _____ → **Ekstensibong Kasaysayan y** (Extensive history)

Espesyalidad (Dialysis, neuro, etc.) _____
(Specialty (dialysis, neuro, etc.))

PAGGALAW / PANDAMA MOBILITY / SENSORY

Mga pustiso (Dentures) **Paningin** (kapansanan/mga salamin sa mata) (Visual (impairment / glasses / blind)) **Pandinig** (kapansanan/pantulong sa pandinig) (Hearing (impairment / aid / deaf))

Mobility issues (cane / wheelchair / walker / motorized scooter / prosthetic limb)
(Mobility issues (cane / wheelchair / walker / motorized scooter / prosthetic limb))

MGA PAKIKIPAG-UGNAYAN PARA SA ALAGANG HAYOP PET CARE CONTACTS

Pakikipag-ugnayan 1 _____ **Telepono** (_____) _____ - _____
(Contact 1) (Phone)

Pakikipag-ugnayan 2 _____ **Telepono** (_____) _____ - _____
(Contact 2) (Phone)

Listahan ng mga alagang hayop at mga tagubilin sa pangangalaga ng alagang hayop _____
(List of pets and pet care instructions)

Kinumpleto ni _____ **Petsa** ____ / ____ / ____
(Completed by) (Date) **araw** (day) **buwan** (month) **taon** (year)