

Republic of the Philippines Department of Health

OFFICE OF THE SECRETARY

January 21, 2019

DEPARTMENT MEMORANDUM No. 2018 - 0369 - A

FOR:

REGIONAL SECRETARY OF DOH-ARMM, ALL

CENTERS FOR HEALTH DEVELOPMENT DIRECTORS,

REGIONAL ORAL HEALTH COORDINATORS AND

OTHERS CONCERNED

SUBJECT:

Amendment to Department Memorandum No. 2018-0369

dated October 16, 2018 entitled "Use of Revised Oral Health Forms 1 (Individual Patient Treatment Record) and 2

(Consolidated Oral Health Status, Services and Medical

History Report)"

Department Memorandum No. 2018-0369 dated October 16, 2018 entitled "Use of Revised Oral Health Forms 1 (Individual Patient Treatment Record) and 2 (Consolidated Oral Health Status, Services and Medical History Report)" is hereby amended to reflect the following:

I. To change the ages for the Adult Group and the Senior Citizen Group. Please refer to the table below.

	FROM	TO
Adult	20-60 Y/O	20-59 Y/O
Senior Citizen	60+ Y/O	60 Y/O and above

II. To revise Form 2 which is the Consolidated Oral Health Status, Services and Medical History Report by referring to the attached updated Form 2 with the necessary revisions.

All other provisions of Department Memorandum No. 2018-0369 dated October 16, 2018 and its amendment shall remain in full force and effect.

For your guidance and strict compliance.

By Authority of the Secretary of Health

MARIA ROSARIO S. VERGEIRE, MD, MPH, CESO IV

OIC - Undersecretary of Health Public Health Services Team

Month/Quarter/Year Center for Health Development	-							CO	NSOL	IDAT	ED C	RAL H	IEALTH	STA	TUS,	SERVI	CES AI	ND MED	ICAL HI	STO	RY MC	DNT	HLY R	EPO	RT			÷
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NO. OF PERSON EXAMINED)																											
A. MEDICAL HISTORY STATUS																												
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2. Total No. with Hypertension/ CVA																												
3. Total No. with Diabetes Mellitus																												
4. Total No. with Blood Disorders																												
5. Total No. with Cardiovascular/Heart Diseases																												
6. Total No. with Thyroid Disorders																												
7. Total No. with Hepatitis																												
8. Total No. with Malignancy																												
9. Total No. with History of Previous Hospitalization																												
10. Total No. with Blood Transfusion																												
11. Total No. with Tattoo			10000						64 (100)																			
B. DIETARY / SOCIAL HISTORY STATUS																												
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C. ORAL HEALTH STATUS										1 1																		
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3. Total No. with Periodontal Disease		<u> </u>							-																			
4. Total No. with Oral Debris		-							-																			
5. Total No. with Galculus																		—	-									
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Malocclusion, etc)																												
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8. No. Given Post-Operative Treatment																												
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10. No. Given Other Services																												
11. No. Referred																												
12. No. Given Counseling / Education on Tobacco, Oral Health, Diet, Etc.	SHOWER, THE PARTY OF THE PARTY																											
13. No. of Under Six Children Completed Toothbrush Drill		73 - WALL																								3446		
E. NO. OF ORALLY FIT CHILDREN (OFC)																												
1. OFC Upon Oral Examination																												
2 OFC Upon Complete Oral Rehabilitation				1000000	100000	B11457813000	9 1000	2006/00/00	0.0000000000000000000000000000000000000	1 188	0.000000	CONTRACTOR OF STREET, SAN															100000000000000000000000000000000000000	A00000

Prepared By:

Month/Quarter/Year

Signature Over Printed Name Designation