

Name:

Date: / /

*iMedDrs* - International Medical Disaster Relief Services

# Cov/Flu GUIDE to BETTER CARE

**PILIPINO**

**PILIPINO (TAGALOG)**



*Avoid the dangers of delayed or mis-diagnosis  
from insufficient medical information gathering.*

**Get the facts - Give the facts - Get best care**

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[iMedDrs.com](http://iMedDrs.com)

PERSONAL EMPOWERMENT SERIES:

[CoV/Flu GUIDE](#)

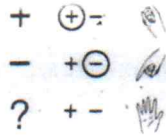
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Pilipino

Name \_\_\_\_\_

Date \_\_\_\_\_ File # \_\_\_\_\_



**SA KASALUKUYAN KAYO BA AY MAY PROBLEMA KALAKIP NG ...**

- 1 lagnat o giniginaw?
- 2 kahapuan, bawas na gawain, pangkalahatang panghihina o pagkahilo?
- 3 uhog o mala-tubig na lumalabas sa katawan?
- 4 pamamaga, bukol o balat?
- 5 ubo, sipon, tainga, ilong, lalamunan o paghinga?
- 6 sakit, kirot o kawalan ng ginhawa kahit saan?

PAGE QUESTION



4  
1

4  
2

4  
3

4  
4

5  
0

4  
5



⊕ - ← I HAVE / THE PERSON HAS  
List all positive (⊕) answers.

⊖ - ← I HAVE NO / THE PERSON HAS NO  
List mainly the CAPITALIZED negative (⊖) answers.

+ - FEVER

+ - GENERALIZED WEAKNESS (FATIGUE)

+ - unusual liquid discharge

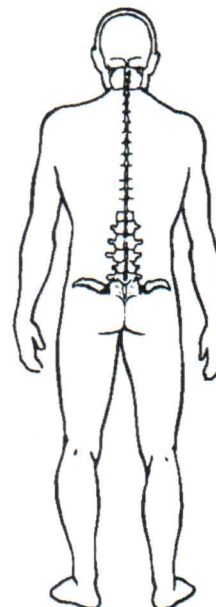
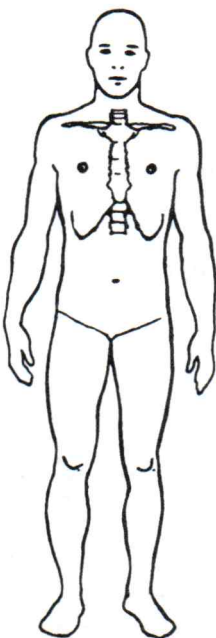
+ - SKIN PROBLEM(S) (CUTANEOUS LESIONS)

+ - RESPIRATORY PROBLEMS (Cough, cold, nose, throat or breathing difficulty.)

+ - PAIN

← The numbers in this column refer to pages and translated questions in various iMedDrs foreign language medical smart charts, pocket manuals and virtual apps.

WHERE? Show on your body, or show on the diagram.



5

PILIPINO

KAYO BA AY ....

⊕	-	← I HAVE ...	THE PERSON HAS...
↓		List all <b>positive</b> answers	
+	⊖	← I HAVE NO...	THE PERSON HAS NO...
↓		List mainly the <b>bold-numbered, negatives...</b>	




1	may sipon, pagbabara ng ilong o pagbabahin?			1	<i>sniffing, sneezing, nasal discharge (rhinitis, coryza)</i>
2	may pananakit sa lalamunan?	+	-	2	<i>sore throat (pharyngitis)</i>
3	may nakabara sa lalamunan?	+	-	3	<i>throat mucus clearing (foreign body)</i>
4	naglalaway?	+	-	4	<i>clear spit or drooling (salivary drooling)</i>
5	may paos na boses?	+	-	5	<i>hoarseness</i>
6	nahihirapang huminga kahit mula sa bibig?	+	-	6	<i>difficulty breathing (dyspnea)</i>
7	nag-uubo?	+	-	7	<i>cough</i>
8	nag uubo na may kasamang plema?	+	-	8	<i>yellow or brown spit (phlegm, sputum)</i>
9	nag-uubo at dumudura ng dugo ?	+	-	9	<i>red, bloody sputum (hemoptysis)</i>
10	may paninikip ng dibdib kapag humihinga?	+	-	10	<i>chest pain on breathing in (pleurisy)</i>
11	madalas sipunin at ubuhin?	+	-	11	<i>frequent cold symptoms</i>
12	nagkaroon ng hika o paghingal nuong araw?	+	-	12	<i>past history of asthma</i>
13	nagka-pulmonya nuong araw?	+	-	13	<i>past history of pneumonia</i>
14		+	-	14	

	NAME		Month												
			Day												
	DOB	mm / dd / yyyy	RTI level												
	ID #		Severity												
	Ethnicity		Course												
	Gender	M F B H T	Therapy												
	Race	A B C D H	Signature												

# Pilipino (Tagalog)

## Pilipino



+ ⊕ =   
- ⊖ =   
? ± = 

Tandaan lamang na ipantay ang sagot ayon sa numero ng tanong.

gumagamit ba kayo ng anumang gamot o gamot na pampahid?

kayo ba ay nagkaroon ng hindi kanais-nais na reaksyon o allergy sa anumang gamot o ointment?

kayo ba ay nahirapan sa pang-matagalan at paulit-ulit na karamdaman (halimbawa: mataas na presyon, arthritis at iba pa)?

sa kasalukuyan, nahihirapan ba kayo sa pag-ulit o paglala ng inyong karamdaman o dating kundisyon?

# MED BIOGRAPHY

ENGLISH DOCTOR

Name \_\_\_\_\_

Date \_\_\_\_\_ File # \_\_\_\_\_

Please answer these questions as instructed.

*Remember to match the answer number to the question number.*

1

Are you using any medicine or ointment?

2

Have you had any unpleasant side effects or allergic reactions to any medicine or ointment?

3

Do you suffer from any chronic or recurring condition? (e.g. high blood pressure, arthritis, etc.)

4

At present, are you suffering from a recurrence or worsening of a previous condition?

**TAGALOG-PILIPINO****ADMINISTRATIVE DATA**

Sabihin ng malakas,  
maliwanag at malumanay.

1 Pangalan

2 Idad

3 Petsa ng kapanganakan

4 Wikang ginagamit

5 Kasalukuyang tirahan

6 Numero ng telepono sa  
tirahan

7 Numero ng telepono sa  
pinapasukan

8 Numero ng siguro pang-  
kalusugan

9 Kasalukuyang hanapbuhay

10 Relihiyon

Ngalan, lugar at telepono ng:

11 Doktor

12 Klinika

13 Ospital

14 Tatawagan sa panahon ng  
emergency

15 Tagapagsalin

Kumporme:  
Sumasang-ayon ako sa mga kinakai-  
langang eksamen at paggagamot ng  
mga doktor  
Lagda:

Say loudly, clearly and slowly:

1 Name

2 Age

3 Date of birth

4 Language

5 Present address

6 Home phone no.

7 Work phone no.

8 Health insurance no.

9 Present occupation

10 Religion

**Name, phone & address of:**

11 Doctor

12 Clinic

13 Hospital

14 In emergency notify

15 Interpreter

Consent:  
I consent to the necessary examination & treatment by  
the doctors.

(Signed:)