



Republic of the Philippines  
Province of Bohol  
Municipality of Buenavista  
Office of the Municipal Health



**Name:**

**Age:**

**Birthdate:**

**Sex:**

**Civil Status:**

**Religion:**

**Educational Background:**

**Occupation:**

**Head of the Family:**

**Sitio/ Purok/ Barangay:**

**Zipcode:**

**NHTS ( )      Non NHTS ( )**

**PHIC Number:**

**Family #**

Date	Complaints	Data	Action	Dx	#

**Instructions:**

Please print the form above with your information and submit it for priority number during consultation.