

# PAOT Online Clinic Database Form

V. JANUARY 2017

<b>Philippine region</b> (Ex. NCR, Region I)	<b>City or province</b> (Ex. Metro Manila, Cavite)
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## Contact details

Name of clinic	
Complete mailing address	
Institutional correspondent (name)	
Contact number (s)	
Email address	
Website	

## Professional services

Type of facility			Other services		
Tick on the boxes to mark, as applicable			Tick on the boxes to mark, as applicable		
<input type="checkbox"/> Private clinic	<input type="checkbox"/> Private hospital	<input type="checkbox"/> Regular school	<input type="checkbox"/> Speech and language therapy		
<input type="checkbox"/> Government clinic	<input type="checkbox"/> Government hospital	<input type="checkbox"/> Special education school (SpEd)	<input type="checkbox"/> Physical therapy		
<input type="checkbox"/> Community-based center	<input type="checkbox"/> Hospice / orphanage	<input type="checkbox"/> College-based clinic	<input type="checkbox"/> Special education (SpEd)		
Others (specify)			Others (specify)		
Clients served			Tick on the boxes to mark, as applicable		
<input type="checkbox"/> <b>CHILDREN</b> Psychosocial dysfunctions	<input type="checkbox"/> <b>ADOLESCENTS</b> Psychosocial dysfunctions	<input type="checkbox"/> <b>ADULTS</b> Psychosocial dysfunctions	Do you have charity services or special rates for clients with limited financial means? <input type="checkbox"/> YES <input type="checkbox"/> NO  Are you a clinical training facility for occupational therapy interns? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> <b>CHILDREN</b> Physical dysfunctions	<input type="checkbox"/> <b>ADOLESCENTS</b> Physical dysfunctions	<input type="checkbox"/> <b>ADULTS</b> Physical dysfunctions			
<input type="checkbox"/> <b>CHILDREN</b> Students in a regular school	<input type="checkbox"/> <b>ADULTS</b> Company employees	<input type="checkbox"/> <b>OLD ADULTS</b> Psychosocial & physical dysfunctions			
Others (specify)					