MUNICIPAL HEALTH OFFICE

SERVICE CATEGORY

MUNICIPAL HEALTH OFFICE SERVICES

1. OUT PATIENT CONSULTATION

OFFICE / DIVISION:	Municipal Health Office
CLASSIFICATION:	Simple
TYPE OF TRANSACTION:	G2C- Government to Citizens
WHO MAY AVAIL:	General Public

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Philhealth ID 2. Covid 19 Vaccination Card	Client/Patient

CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to the RHU information Counter/ Triage Area	Prepare patient's record	None	5 minutes	**Midwife/Nurse on duty**
2. Proceed to the nurse/midwife for initial assessment.	Conduct assessment, interview, vital signs and encoding of patient's record through EMR. Issue Queuing Number	None	5 minutes	**Midwife/Nurse on duty**
3. Proceed to consultation room and submit self for examination	Refer for consultations, issuance of prescription, Medical Certificate and giving follow up	None	15 minutes	**DR. PINKY P. AYSON** Municipal Health Officer **DR. AUBREY E. DE PERIO**

	instructions. Refer to pharmacy for free medicines. Secure pre referral management. Prepare referral form. Endorse to Hospital of choice. Arrange for transport.	None	10 minutes	Medical Officer III **Midwife/Nurse on duty**
If to be referred, listen to instruction(s). Prepare for transport.				
4. If with laboratory examination, proceed to the laboratory and present request for examination	Receive laboratory request and obtain specimen from the patient. Perform laboratory examination and give result to patient	None	30 minutes	**ANSELMO VILLANUEVA AND SHERRAYNE SANTOS** (Medical Technologist)
5. Brings Laboratory Result to Consultation Room	Assess result(s) of laboratory examination. Prescribe appropriate treatment.	None	10 minutes	**DR. PINKY P. AYSON** Municipal Health Officer **DR. AUBREY E. DE PERIO** Medical Officer III
TOTAL:		**None**	**75 minutes**	

2. ISSUANCE OF MEDICO LEGAL CERTIFICATES

OFFICE / DIVISION:	Municipal Health Office			
CLASSIFICATION:	Simple			
TYPE OF TRANSACTION:	G2C- Government to Citizens			
WHO MAY AVAIL:	General Public			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Request from the PNP		Municipal Police Station		
CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Proceed to the RHU and ask if service(s) is available	1. Verify presence of Municipal Health Officer/Medical Officer III	None	5 minutes	**Midwife/Nurse on duty**
2 Proceed to consultation area and submit self for examination	2.Examines the client and issue medical/ medicolegal certificates	None	15 minutes	**DR. PINKY P. AYSON** Municipal Health Officer **DR. AUBREY E. DE PERIO** Medical Officer III
TOTAL:		**None**	**20 minutes**	

3. ISSUANCE OF SANITARY PERMITS

OFFICE / DIVISION:	Municipal Health Office			
CLASSIFICATION:	Simple			
TYPE OF TRANSACTION:	G2B- Government to Business			
WHO MAY AVAIL:	Business Establishments			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1.Health Certificate 2. Sanitary Permit 3. Laboratory Request		Municipal Health Office		
CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**

1.Proceed to Treasurer's Office and secure necessary documents/pay corresponding fees. Proceed to Municipal Health Office and present documents Note: If transacted during the OneStop-Shop period, proceed to designated area or BPLO	1. Receive and peruse documents.	None	15 minutes	**MERLE ROMERO** Sanitary Inspector Designate
2. Assess laboratory results. Fill-out health certificate.	2. Receive laboratory request and obtain specimen from the patient. Perform the laboratory examination and give result to patient.	None	15 minutes	**ANSELMO VILLANUEVA AND SHERRAYNE SANTOS (**Medical Technologist)
3. Assess laboratory results. Fill-out health certificate.	3. Assess laboratory results. Fill-out health certificate.	None	10 minutes	**DRA. PINKY P. AYSON** Municipal Health Officer
TOTAL:		**None**	**40 minutes**	

4. ISSUANCE OF OTHER PERMITS

OFFICE / DIVISION:	Municipal Health Office
CLASSIFICATION:	Simple
TYPE OF TRANSACTION:	G2C- Government to Citizens
WHO MAY AVAIL:	General Public

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Health Certificate 2. Sanitary Permit 3. Laboratory Request		Municipal Health Office		
CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Sanitary Office	1. Receive and peruse requests. Prepare the certificate.	None	10 minutes	**MERLE ROMERO** Sanitary Inspector Designate
TOTAL:		**None**	**10 minutes**	

5. TB DOTS CLINIC

OFFICE / DIVISION:	Municipal Health Office
CLASSIFICATION:	Simple
TYPE OF TRANSACTION:	G2C- Government to Citizens
WHO MAY AVAIL:	Presumptive TB patients

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Gene Xpert Result 2. Chest X-ray Results 3. Referrals from other public and private facilities		Patients/Clients		
CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Proceed to nurse for recording and self-examination.	1. Receive patient and perform initial assessment. 1.1 Get vital signs. 1.2 Record and prepare referral	None	5 minutes	**CHRISTINE JOY GUTIERREZ, RN** TB Nurse Coordinator
2 Proceed to consultation area	2. Conduct consultation and advice	None	10 minutes	**DR. PINKY P. AYSON**

and submit self for examination	patient based on diagnosis.			Municipal Health Officer **DR. AUBREY E. DE PERIO** Medical Officer III
3. Return to TBDOTS Clinic	3. Initiate treatment and provide health teachings.	None	30 minutes	**CHRISTINE JOY GUTIERREZ, RN** TB Nurse Coordinator
TOTAL:		**None**	**45 minutes**	

6. PRENATAL CARE SERVICES

OFFICE / DIVISION:	Barangay Health Station			
CLASSIFICATION:	Simple			
TYPE OF TRANSACTION:	G2C- Government to Citizens			
WHO MAY AVAIL:	Pregnant Women			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1. Mother and Child Book		Patients/Clients		
CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to the information Counter/ Triage Area	1. Prepare patient's record if first visit. Retrieve the client's record if follow-up visit. Conduct assessment of vital signs	None	10 minutes	**Barangay Health Worker on duty**
2. Proceed to the prenatal room for examination	2. Assess patient's vital signs and	None	20 minutes	**Midwife/Nurse on duty**

	obstetric history. Conduct physical examination, fetal heart tone, fundic height. Conduct consultation/s and prepare appropriate vaccine and vitamins Advise return for follow-up; Refer to OB-GYN if needed.			
TOTAL:		**None**	**30 minutes**	

7. NATIONAL IMMUNIZATION PROGRAM

OFFICE / DIVISION:	Barangay Health Station			
CLASSIFICATION:	Simple			
TYPE OF TRANSACTION:	G2C- Government to Citizens			
WHO MAY AVAIL:	Children 0-59 months			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1. Baby Booklet		Patients/Clients		
CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to the information Counter/ Triage Area	1. Prepare patient's record if first visit. Retrieve the client's record if follow-up visit. Conduct	None	10 minutes	**Barangay Health Worker on duty**

	assessment of vital signs			
2. Proceed to the immunization room	2. Perform assessment if eligible for vaccination	None	5 minutes	**Midwife/Nurse on duty**
3. Prepare child for immunization	3. Perform immunization to child, update record and card, provide health teaching and follow-up schedule for next vaccination.	None	5 minutes	**Midwife/Nurse on duty**
TOTAL:		**None**	**20 minutes**	

8. FAMILY PLANNING

OFFICE / DIVISION:	Municipal Health Office/Barangay Health Station			
CLASSIFICATION:	Simple			
TYPE OF TRANSACTION:	G2C- Government to Citizens			
WHO MAY AVAIL:	Men/Women in Reproductive Age			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Family Planning Card		Client/Patient/BHS/MHO		
CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to the Midwife's/ Nurse's room and inquire about available family planning services. Cooperation in the conduct of health assessment.	1. Inform the client of available family planning services. Give FP counseling. Establishes patient's record Obtain pertinent history. Perform	None	30 minutes	**Midwife/Nurse on duty**

	physical examination. Assess/ evaluate physical fitness of client vs. chosen FP method. Refer to physician if needed			
2. Cooperate and listen to instruction	2. Dispense FP method of choice to the client. Instructs client for things to watch/ danger signs and schedule of next visit. Provide Family Planning Card	None	10 minutes	**Midwife/Nurse on duty**
TOTAL:		**None**	**40 minutes**	

9. DENTAL SERVICES

OFFICE / DIVISION:	Barangay Health Station
CLASSIFICATION:	Simple
TYPE OF TRANSACTION:	G2C- Government to Citizens
WHO MAY AVAIL:	General Public

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Baby Booklet	Client/Patient

CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to the RHU information Counter/ Triage Area	1. Prepare patient's record and perform assessment of vital signs	None	5 minutes	**Dental Aide**
2. Proceed to the Dental Room	2. Assess the client for the procedure	None	60 minutes	**Carol Lynn A. Yabut** Dentist

	needed. Refer patient if the procedure is not available. Performs tooth extraction or fluoride application. Provie health education. Refer to pharmacy for free medicines.			
TOTAL:		**None**	**1 hour and 5 minutes**	

10. COVID-19 VACCINATION

OFFICE / DIVISION:	Municipal Health Office			
CLASSIFICATION:	Simple			
TYPE OF TRANSACTION:	G2C- Government to Citizens			
WHO MAY AVAIL:	General Public			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1. Vaccination Card		Client/Patient/Municipal Health Office		
CLIENTS STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Vaccination Area. Answer the Health Declaration and Consent Form	1. Assess the client's vital signs and screen if eligible for vaccination. Refer to physician if necessary. Perform immunization. Update record, provide/update	None	15 minutes	**KATHLEEN GAIL DUMPIT** Covid 19 Vaccination Coordinator

	vaccination card. Perform post monitoring assessment. Advise on the schedule of next vaccination.			
TOTAL:		**None**	**15 minutes**	