OFFICE OF THE MUNICIPAL HEALTH OFFICER
External Services

1. OUT-PATIENT DEPARTMENT-MEDICAL CONSULTATION SERVICES

Outpatient care refers to any healthcare consultation, treatment or other service that is administered at a primary health care facility. Unlike inpatient care, patients receiving outpatient care are free to leave the medical facility once the service or procedure is complete.

This service caters to all residents of Dinalupihan who have medical problems manageable in a primary health care setting.

Office or Division:	Rural Health Units			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Residents of Dinalupihan			
CLIENT STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Provide necessary data for history taking.	1. Interview client to attain pertinent medical history. 2. Get vital signs and record on Individual treatment record or electronic medical record. 3. Refer client to the Physician on Duty.	None	10 mins	Midwife or Nurse on Duty

2. Proceed to medical consultation room. 3. Receive the medicines provided by the pharmacist	1. Verify medical history of the patient. 2. Do thorough physical examination. 3. Diagnose and discuss treatment plan with client. 4. Prescribe appropriate medicine, diagnostic examination and give medical advice. 5. If needed, issue a referral form to client to proceed to higher facility for further evaluation and management. 6. Refer client to pharmacist or assigned personnel for provision of medicines.	None	10 mins 2 mins	Rural Health Physician on Duty
TOTAL		None	22 mins	

Office or Division:	MUNICIPAL HEALTH OFFICE-EMERGENCY PATIENT CONSULT
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	First time walk-in patients who are residents of Dinalupihan who by-pass service delivery network and are in need of urgent medical management.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide necessary data for history taking.	1. Interview client to attain pertinent medical history. 2. Get vital signs and record on Individual treatment record or electronic medical record. 3. Refer client to the Physician on Duty.	None	10 mins	Nurse on Duty

2. Proceed to medical consultation room. 3. Receive the medicines provided by the pharmacist or assistant pharmacist	1. Verify medical history of the patient. 2. Do thorough physical examination. 3. Diagnose and discuss treatment plan with client. 4. Prescribe appropriate medicine, diagnostic examination and give medical advice. 5. If needed, issue a referral form to client to proceed to higher facility 6. Refer client to pharmacist or assigned personnel for provision of medicines.	None	10 mins 2 mins	Rural Health Physician on Duty Pharmacist/Assistant Pharmacist
TOTAL		None	22 mins	

Office or Division:	BARANGAY HEALTH STATIONS			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Residents of Dinalupihan			
CLIENT STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Provide necessary data for history taking.	1. Interview client for medical history 2. Get vital signs and record on ITR. 3. Refer client to the Physician on Duty.	None	10 mins	Nurse on Duty
2. Proceed to medical consultation room. 3. Receive the medicines provided by the pharmacist	1. Verify medical history of client. 2. Do physical examination. 3. Diagnose and discuss treatment plan with client. 4. Prescribe appropriate medicine and give medical advice. 5. If needed, issue a referral form to client to proceed to higher facility for further evaluation and management. 6. Refer client to pharmacist or assigned personnel for provision of medicines.	None	10 mins 2 mins	Rural Health Physician on Duty
TOTAL		None	22 mins	

2. NATIONAL IMMUNIZATION PROGRAM SERVICES

This service provides vaccination for children 0 to 11 months old. Vaccination gives protection against vaccine preventable diseases. The vaccines given to infants are as follows: BCG, OPV, Penta, PCV, Measles, and IPV. The Rural Health Unit (RHU) also immunizes pregnant mothers to prevent the occurrence of Tetanus Neonatorum in infants.

Office or Division:	Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Children 0-11 months old residents of Dinalupihan
1. Mother-Baby Booklet/Immunization Booklet (follow up patients)	BHS during first month of the baby: Client on the succeeding visits

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. (New Patient) Provide necessary data for medical record. 2. (Follow up) Present immunization booklet.	1. Create medical record for new patients. 2. Check immunization card history for follow up.	None	5 mins	Nurse on Duty/ Midwife on Duty
3. Proceed to the medical consultation room	1. Get vital signs and anthropometric measurements of client. 2. Do physical examination. 3. Provide health education to parent/guardian.	None	5 mins	Nurse on Duty/ Midwife on Duty
3. Proceed to vaccination room.	1. Administer vaccine.	None	5 mins	Nurse on Duty/ Midwife on Duty

4. Listen to the instructions and next schedule of immunization	1. Give parent/guardian or pregnant mother post-immunization instructions. 2. Inform schedule of next immunization.	None	5 mins	Nurse on Duty Midwife on Duty
TOTAL		None	20 mins	

3. PRENATAL CARE SERVICES / MATERNAL CARE SERVICES

This service caters to all pregnant women in Dinalupihan, Bataan who do not belong to the high-risk group (i.e of high-risk pregnancies: primigravida (first time pregnancy, below 18 years old, more than four pregnancies, with existing comorbidity: hypertension, diabetes mellitus, bronchial asthma etc). Based on the clinical practice guidelines, each pregnant patient should have at least four prenatal check-ups. High risk pregnancies are catered by a level 1 hospital of higher category health facilities.

Office or Division:	Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Pregnant women of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Prenatal Book for follow up pregnant patients (Mother-Baby Booklet)	BHS during first prenatal checkup: Client on the succeeding visits
2. Laboratory results if requested.	Client (any licensed laboratory facility)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide necessary data for history taking.	1. Acquire referral slip from BHS 2. Interview client for medical history 3. Check laboratory results for abnormality.	None	5 mins	Midwife on Duty

2. Proceed to the examination room	1. Obtain vital signs. 2. Do physical and internal examination and Leopold's Maneuver. 3. Fetal cardiotocogram	None	20 minutes	Midwife on Duty
3. Listen to the health education and wait for the laboratory request	1. Provide health education on proper nutrition and maternity care to client.	None	5 minutes	Midwife on Duty
4. Proceed to the personnel for issuance of drugs/medicines	1. Refer client to assigned personnel for issuance of drugs/medicine.	None	2 minutes	Midwife on Duty
5. Wait for the advise of next schedule or receive a referral slip to other higher facility	1. Advise client on schedule of next prenatal check up. *If client is classified as high risk, issue a referral slip and refer patient to a higher facility	None	3 minutes	
	TOTAL	None	35 mins	

RURAL HEALTH UNIT – III and BIRTHING FACILITY

Office or Division:	Barangay Health Stations
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Pregnant women of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1.Laboratory results. 2. Referral slip	1.Client (any licensed laboratory facility) 2.from BHS

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide necessary data for history taking.	1. Acquire referral slip from BHS 2. Interview client for medical history **3.** Check laboratory results for abnormality.	None	5 mins	Midwife on Duty

2. Monitoring of labor progression	1. If in labor, admit the client to labor room and process admission. 2. Inform physician on duty and request for doctor's orders. If the patient is not in labor, advise the patient for labor signs then send home.	None	5 mins	Midwife on Duty Physician on Duty
3. Deliver the baby	1. Hook patient to fetal cardiotocogram and do labor watch. 2. Transfer client to delivery room once fully dilated 3. Facilitate normal spontaneous delivery.	None	5 to 18 hours	Midwife on Duty Nurse on Duty Physician on Duty
4. Vital signs and monitoring for bleeding, hypo/hypertension	**AFTER DELIVERY:** **POSTPARTUM CLIENT** 1. Obtain vital signs 2. Monitor for bleeding, hypo/hypertension	None	2 hours	Nurse on Duty Midwife on Duty
5. None	**NEWBORN** 1. Provide essential newborn care. a) Immediate and thorough drying b) early skin-to-skin contact c) properly timed-cord clamping d) non separation of newborn from mother and	None	20 minutes	Nurse on Duty Midwife on Duty

	initiation of breastfeeding 2. Keep newborn thermoregulated. 3. Obtain newborn's anthropometric measurements and vital signs. 4. Administer BCG, Hepatitis B vaccine and Erythromycin ointment to newborn. 5. Transfer client and newborn to recovery room. Encourage breastfeeding			
6. Complete PhilHealth requirements.	1. Accept completed PhilHealth requirements.	None	15 mins	Clerk Nurse on Duty
7. Hand over newborn for Newborn Screening Test before discharge (24 hours after birth).	1. Perform Newborn Screening Test to newborn. 2. Provide health education and discharge instructions on home medications and newborn care.	None	15 mins	Nurse on Duty
	TOTAL	None	2 days	

4.FAMILY PLANNING SERVICES

(RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH SERVICES)

This program caters to residents of Dinalupihan who are of reproductive age, who wanted to have birth spacing to control or limit the number of children that they will have.

The following services being offered under this program:

- Basic Family Planning Education
- Provision of Family Planning Commodities
- Information on Family Planning Methods
- Health Education (especially regarding examinations/ tests needed by clients relative to the family planning method chosen; and medical management of problems resulting from the method use)

Office or Division:	Rural Health Unit (RHU)/ Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Family Planning Card (for current family planning method user)	Client

CLIENT STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Provide the necessary information.	1. Interview client for history taking. 2. Obtain vital signs. 3. Do physical examination. 4. Provide health education on available family planning methods.	None	10 mins	Nurse on Duty Midwife on Duty
2. Choose desired family planning method.	1. Administer/provide chosen family planning method. 2. Advise client for schedule of next appointment.	None	10 mins	Nurse on Duty Midwife on Duty
	TOTAL	None	20 mins	

5. DENTAL HEALTH PROGRAM SERVICES

This service is available to pre-school and school-age children, pregnant mothers and other residents of Dinalupihan to prevent and treat dental diseases manageable in a primary health care setting.

Office or Division:	Rural Health Units
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Referral slip	Barangay Health Stations (BHS)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral slip from BHS	1. Receive referral slip then retrieval or creation of medical record. 2. Take medical history. 3. Obtain vital signs.	None	5 mins	Dental Aide
2. Proceed to dental examination room.	1. Perform oral examination. 2. Provide dental services according to client's needs. a) dental health counseling b) oral prophylaxis c) restorative filling d) tooth extraction 3. Prescribe medicine.	None	30 mins	LGU Dentist

3. Dispensing of medicines	1. Dispense drugs/medicines and provide discharge instructions	None	10 mins	Dental Aide
TOTAL		None	45 mins	

6. NATIONAL TUBERCULOSIS CONTROL PROGRAM (Availing of Anti-Tuberculosis Drugs)

This program caters to residents of Dinalupihan with complaint of persistent cough for 2 weeks or more, with or without other signs and symptoms of Tuberculosis or those who are already diagnosed clinically and bacteriologically. Clients with referral from hospitals and clinics are also being catered.

Office or Division:	Rural Health Units / BHS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan who have TB symptoms and/or diagnosed Drug Susceptible Tuberculosis (DSTB) and Drug Resistant Tuberculosis (DRTD)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Referral slip	Barangay Health Stations (BHS), Private Physician, Hospital Physician
2. Direct Sputum Smear Microscopy (DSSM)/Sputum GeneXpert Result	Referring facility/hospital
3.Latest Chest X-ray result	Laboratory clinics offering x-ray services

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral slip, results of CXR, DSSM/Gene Xpert	1. Receive referral slip then retrieval or creation of medical record.	None	5 mins	Nurse on Duty Midwife on Duty
2. Provide necessary data for history taking.	1. Interview client for history taking. 2. Obtain vital signs. 3. Record on the Individual Treatment Record Form (ITR).	None	5 mins	Nurse on Duty Midwife on Duty

	4. Refer the patient to the physician on duty.			
3. Proceed to medical consultation room.	1. Verify medical history of client 2. Do physical examination. 3. Discuss treatment plan with client 4. Refer to TB Nurse Coordinator.	None	10 mins	Rural Health Physician on Duty
4. Listen to the health education/instructions and receive the initial TB drugs	*If the client has history of TB treatment (Relapse, Lost to follow up, Failed, Treatment outcome unknow) refer the client to Dinalupihan RHU II * If client is eligible as National Tuberculosis Program (NTP) beneficiary, enroll client and issue NTP card 1. Give health education about TB management. 2. Emphasize importance of Directly Observed Treatment Short Course (DOTSC) with treatment partner 3. Issue initial TB drugs. 4. Instruct client where to report for his/her daily intake of TB drugs.	None	15 mins	TB Nurse Coordinator

	5. Inform client of schedule of follow-up sputum re-examination.			
TOTAL		None	30 mins	

7. NATIONAL TUBERCULOSIS CONTROL PROGRAM (Gene Xpert MTB/RIF Assay Test)

Sputum Gene Xpert MTB/RIF test shall be the primary diagnostic tool for all clients especially for the following specific clients belonging to the criteria below with cough of more than 2 weeks or more:

1. All retreatment cases (relapse, treatment after failure, treatment after lost to follow up, previous treatment outcome unknown)
2. Contacts of DR-TB patients
3. Non-converter of Category I
4. People living with HIV (PLHIV) with at least one of the four signs and symptoms of TB (fever, cough, weight loss, night sweats)
5. Selected vulnerable population which includes inmates in jails and prisons, children less than 15 years old and elderly who are 60 years old and above.
6. New cases who are presumptive extrapulmonary TB

Office or Division:	Rural Health Unit II
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Referral slip	Barangay Health Stations (BHS), private physician, hospital physician
2. Latest Chest Xray (CXR) result	Laboratory offering Xray services

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral slip, result of CXR	1. Receive referral slip then retrieval or creation of medical record.	None	5 mins	Nurse on Duty Midwife on Duty
2. Provide the necessary information	1. Interview client for history taking (i.e., symptoms of TB, if with history of TB treatment, history of exposure). 2. Obtain vital signs. vital signs and record on the Individual Treatment Record Form (ITR). 3. Refer to physician on duty.	None	10 mins	Nurse on Duty Midwife on Duty
3. Proceed to medical consultation room.	1. Verify medical history of client. 2. Do physical examination. 3. Diagnose and discuss management plan with client.	None	10 mins	Rural Health Physician on Duty
4. Listen to the health education on TB and instructions on proper sputum collection.	1. Provide health education on TB. 2. Give instructions on proper sputum collection.	None	5 mins	Nurse on Duty Midwife on Duty Physician on Duty
4. Submit properly labeled sputum specimen and wait for the date of release of result.	1. Collect sputum specimen along with NTP form. 2. Inspect quality of sputum specimen. 3. Submit to GeneXpert Technician for MTB/RIF assay test.	None	5 mins	Medical Technologist Nurse

	4. Inform client on date of release of result.			
TOTAL		None	35 mins	

Claiming of Gene Xpert MTB/RIF Assay Test)

1.Claim Gene Xpert results.	**Releasing of Gene Xpert test results:** • **MTB NOT DETECTED**: Explain the result and refer the client back to the referring unit. • **MTB DETECTED**: Explain the result and refer the client back to the referring unit. • **MTB DETECTED**; **RIFAMPICIN RESISTANCE DETECTED**: Enroll the client for MDR-TB Treatment. Provide information about Standardized Regimen for Drug Resistant	None	3 days	Nurse on Duty

	Tuberculosis treatment (SRDR treatment)			
TOTAL		None	3 days	

7. NATIONAL TUBERCULOSIS CONTROL PROGRAM (Availing of DSSM)

Direct Sputum Smear Microscopy (DSSM) shall be used for follow up sputum monitoring after initiation of anti-TB regimen. To monitor treatment outcome, sputum specimen shall be collected after 2nd, 5th, and 6th month of taking anti-TB medications accordingly.

Office or Division:	Rural Health Unit I
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Referral slip	Barangay Health Stations (BHS), private physician, hospital physician
3. Latest Chest Xray (CXR) result	Laboratory offering Xray services

CLIENT STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present referral slip, result of CXR	1. Receive referral slip then retrieval or creation of medical record.	None	5 mins	Nurse on Duty Midwife on Duty
2. Provide the necessary information	1. Interview client for history taking (i.e., symptoms of TB, if with history of TB treatment, history of exposure). 2. Obtain vital signs. Vital signs and record on the Individual	None	10 mins	Nurse on Duty Midwife on Duty

	Treatment Record Form (ITR). 3. Refer to physician on duty.			
3.Proceed to medical consultation room.	1. Verify medical history of client. 2. Do physical examination. 3. Diagnose and discuss management plan with client.	None	10 mins	Rural Health Physician on Duty

4. Listen to the health education on TB and instructions on proper sputum collection.	1. Provide health education on TB. 2. Give instructions on proper sputum collection	None	5 mins	Nurse on Duty Midwife on Duty Physician on Duty
5.Submit properly labeled sputum specimen and wait for the date of release of result.	1. Collect sputum specimen along with NTP form. 2. Inspect quality of sputum specimen. 3. Submit to GeneXpert Technician for MTB/RIF assay test. 4. Inform client on date of release of result.	None	5 mins	Medical Technologist STC Nurse
	TOTAL	None	35 mins	

MANAGEMENT OF DRUG RESISTANT (DR-TB) PATIENTS

Office or Division:	Rural Health Units
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan and nearby municipalities

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. NTP referral form	Barangay Health Stations (BHS), private physician, hospital physician
2. Latest Chest Xray (CXR) and gene expert result	Laboratory offering Xray services: RHU II

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present NTP referral form from catchment areas and result of CXR	1. Receive NTP referral from BHS Catchment areas.	None	5 mins	Nurse on Duty
2. Proceed to medical consultation room.	**Screening of DR-TB Client:** 1. Take medical history (i.e., symptoms of TB, if with history of TB treatment, history of exposure, social and sexual history) and obtain vital signs. 2. Do physical examination. 3. Provide information about MDR-TB. 4. Inform the patient of the treatment regimen. *If the patient developed complications and	None	15-45 mins	Physician on Duty

	drug reaction-referral to TB MAC			
3. Information and follow instruction	1. Inform the patient on the schedule of follow up. 2. Educate the patient of the possible side effects, drug reaction and warning signs (fever, jaundice, difficulty of breathing) of TB management.	None	5 mins	Nurse on Duty
TOTAL		None	55 mins	

8. ISSUANCE OF DEATH CERTIFICATE

This service caters residents and non-residents of Dinalupihan who died in this municipality, either at home or in any health facility.

Office or Division:	Office of the Municipal Health Officer
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Death certificate form (4 pcs Original Copy)	Office of the Municipal Civil Registrar
2. Barangay Certificate (non-institutional death)	Barangay Hall/Barangay Captain or Secretary
3. Letter with incident narration (non-institutional death)	Relatives of the deceased person
4. Waiver/explanation for late registration.	Relatives of the deceased person

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Acquire death certificate forms from Local Civil Registry 2. Present filled-out death certificate draft.	1. Receive fully accomplished death certificate	None	2 mins	Nurse on Duty
3. Provide the Necessary information.	1. Interview family member/relative of deceased individual. 2. Review cause of death and other pertinent data. 3. Sign death certificate.	None	5 mins	Municipal Health Officer
4. Receive the copy of the death certificate.	1.. Encode the information in the death certificate 2.Release signed death certificate	None	10 mins	Nurse on Duty Midwife on Duty
TOTAL		None	17 mins	

9. ISSUANCE OF MEDICAL CERTIFICATE

This service caters residents of Dinalupihan who need medical certificate as a requirement prior to school enrollment or employment.

Office or Division:	RURAL HELTH UNITS
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Students - Results of Complete Blood Test, Urinalysis, and Chest X-ray	Laboratory Facility
For Employees – Results of Complete Blood Test, Urinalysis, Chest X-ray, and Drug Test (if required by the company)	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements upon arrival at Municipal Health Office or Rural Health Unit	1. Receive complete requirements of client.	None	5 mins	Nurse on Duty Midwife on Duty
2. Provide necessary data for history taking.	1. Interview client for history taking. 2. Get vital signs and record on the Individual Treatment Record Form (ITR). 3. Refer client to Municipal Health Officer or Physician on Duty.	None	10 mins	Nurse on Duty
3. Proceed to medical consultation room.	1. Verify medical history of patient. 2. Check laboratory results of client. Do physical examination. 3. Fill out medical certificate.	None	10 mins	MHO Rural Health Physicians on Duty
4. Pay medical certification fee.	1. Issue official receipt after payment.	100php	5 mins	Clerk on Duty Midwife on Duty
5. Claim medical certificate	1. Check official receipt. 2. Release medical certificate/health card accordingly.	None	5 mins	Nurse on Duty Midwife on Duty
	TOTAL	None	35 mins	

10. ISSUANCE OF HEALTH CARD

Health cards are issued to operators and employees who are handling food after undergoing physical and laboratory examinations to ensure the safety of the community from food and water borne diseases.

Office or Division:	Sanitary Office
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Food Handlers - Results of Fecalysis, Hepatitis A Test (Anti HAVIgM), and Chest Xray	Laboratory Facility

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements upon arrival at Municipal Health Office or Rural Health Unit	1. Receive complete requirements of client.	None	5 mins	Nurse on Duty Midwife on Duty
2. Provide necessary data for history taking.	2. Interview client for history taking. 3.Get vital signs and record on the Individual Treatment Record Form (ITR). 4. Refer client to Municipal Health Officer or Physician on Duty.	None	10 mins	Nurse on Duty
3.Proceed to medical consultation room.	1. Verify medical history of patient. 2. Check laboratory results of client. 3. Do physical examination. 4. Fill out medical certificate.	None	10 mins	MHO Rural Health Physicians on Duty

4.Pay medical certification fee.	1.Issue official receipt after payment.	100php	5 mins	Clerk on Duty Midwife on Duty
5. Claim health card.	1. Check official receipt. 2. Release medical certificate/health card accordingly.	None	5 mins	Nurse on Duty Midwife on Duty
TOTAL		None	36 mins	

11. ISSUANCE OF SANITARY PERMIT

This service caters to all business establishments and facilities offering services to general public. Sanitary permit is issued after the actual inspection and compliance to the requirements.

Office or Division:	Sanitary Office
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Duly filled-out form	Business Permit Licensing Office
2. Official Receipt for Sanitary Permit	Municipal Treasurer's Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present accomplished application form and complete required documents.	1. Receive and review submitted documents and advise the client ot pay the necessary fee.	None	5 mins	Sanitary Inspector on Duty

2. Proceed to the Treasurer's Office to pay prescribed fee	2. Receive the Payment and issue official receipt.	Refer to chart	5 mins	Revenue Collection Clerk
3. Wait for the inspection	3. Conduct inspection of establishment or facility.	None	7 days	Sanitary Inspector on Duty
4. Wait for the issuance of sanitary permit	4. Evaluate inspection results and submit recommendations to Municipal Health Officer for approval or disapproval of application.	None	10 mins	Sanitary Inspector on Duty
5. Present the official receipt and claim the sanitary permit.	5. If approved, proceed to issuance of sanitary permit.	None	5 mins	Sanitary Inspector on Duty
1. None	**For DISAPPROVED Clients:** 1. Inform client regarding deficiencies of the establishment/facility and give time to correct them.	None	10 mins	Sanitary Inspector on Duty
2. Wait for the re-inspection.	2. Conduct re-inspection of the establishment/facility.	None	2 days	Sanitary Inspector on Duty
3. wait for the issuance of sanitary permit.	3. Evaluation of re-inspection results and submission of recommendations to Municipal Health Officer for approval or disapproval of application.	None	10 mins	Sanitary Inspector on Duty
4. Present the official receipt and claim the sanitary permit.	4. If corrected, proceed to issuance of sanitary permit.	None	5 mins	Sanitary Inspector on Duty
TOTAL		Refer to chart	9 days and 50 mins	

FEES TO BE PAID	
Particulars	Amount
Sanitary Inspection Fee for each business, industrial or agricultural establishment:	
With area of 25 sq. m. or more but less than 50 sq. m.	P 300.00
With area of 50 sq. m. or more but less than 100 sq. m.	P 350.00
With area of 100 sq. m. or more but less than 200 sq. m.	P 400.00
With area of 200 sq. m. or more but less than 500 sq. m.	P 1,000.00
With area of 500 sq. m. or more but less than 1,000 sq. m.	P 1,500.00
With area of 1,000 sq. m. or more	P 2,000.00

12. ADOLESCENT COUNSELING

This service caters to adolescents of Dinalupihan (10-19 years of age) in need of preventive and curative clinical services. This also aims to render a safe place where they can avail better adolescent-sensitive services.

Office or Division:	RURAL HEALTH UNITS			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Adolescent residents of Dinalupihan			
1. HEADSSS Form, PCB Form		Records Room of MHO/RHU		
CLIENT STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present referral slip (optional from BHS, DepEd nurse, Guidance Counselor, MSWDO and others)	1. Receive referral slip then retrieval or creation of medical record.	None	5 mins	Nurse on Duty
2. Provide necessary information	1. Interview client for history taking.	None	10 mins	Nurse on Duty

3. Proceed to medical consultation room.	1. Verify medical history of client. 2. Do physical examination. 3. Diagnose and discuss treatment plan with client.	None	10 mins	MHO Rural Health Physician on Duty
4. Attend counselling and/or go back to the medical consultation room.	1. If needed, conduct adolescent counseling using HEADSSS and Psychosocial Assessment Form 2. If pertinent findings reveal after AHDP Counseling, refer back to medical consultation room for further assessment and treatment.	None	20 mins	Trained Nurse on Duty
5. Receive medications and liste to home instructions.	3. Provide medication and home instructions.	None	5 mins	Nurse on Duty
TOTAL		None	50 mins	

13. SMOKING CESSATION COUNSELING

This service is given to all residents of Dinalupihan and nearby municipalities who wish to be counseled regarding smoking cessation.

Office or Division:	Office of the Anti-Smoking Program Coordinator/Rural Health Units
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Referral slip (Optional)	From Schools

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral slip from schools.	1. Receive referral slip then retrieval or creation of medical record.	None	5 mins	Nurse on Duty
2. Fill out smoking cessation form.	1. Interview client for history taking.	None	5 mins	Nurse on Duty
4. Attend counselling.	1. Conduct BTI / smoking cessation counseling. 2. Provide IEC materials.	None	10 – 30 mins	Nurse on Duty
5. Fill-out survey on satisfaction summary form.	1. Receive satisfaction summary form.	None	5 mins	Nurse on Duty
TOTAL		None	25- 45 mins	

14. HIV COUNSELING AND TESTING

This service is given to all residents of Dinalupihan and nearby municipalities who wish to be counseled and tested on HIV.

Office or Division:	Office of the HIV Counsellor/ Rural Health Units
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Referral slip (Optional)	Barangay Health Stations (BHS)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral slip (optional).	1. Receive referral slip then retrieval or creation of medical record.	None	5 mins	Nurse on Duty
2. Provide necessary data for history taking.	1. Interview client for history taking. 2. Get vital signs and record on the Individual Treatment Record Form (ITR). 3. Refer client to the Municipal Health Officer or Physician on Duty.	None	10 mins	Nurse on Duty
3. Proceed to medical consultation room.	1. Verify medical history of client. 2. Do physical examination. 3. Discuss treatment plan with client.	None	10 mins	MHO Rural Health Physician on Duty

4. Attend counselling.	1. Conduct HIV counseling 2. Provide IEC materials. 3. Get consent for HIV Testing. 4. Refer to Medical Technologist for actual testing.	None	20-30 mins	HIV Certified Counselor
5. Proceed to laboratory room.	1. Conduct HIV Testing. 2. Release official result. 3. Refer back to Physician on duty/ Municipal Health Officer for further assessment and instructions.	None	10 mins	Medical Technologist
6. Fill- out survey on satisfaction summary form.	1. Receive satisfaction summary form.	None	5 mins	Nurse on Duty
TOTAL		None	60-70mins	

15. AMBULANCE SERVICE

This service is given to all residents of Dinalupihan who may be in need of emergency transportation with skilled health professional. Caters those who are in-patient for transfer to another hospital, accident victims, health emergencies at home in need of first aid and subsequent transport to a health facility.

Office or Division:	Office of the Municipal Health Officer
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Endorsement or report via phone through the Paramedics Official Cellphone number	Barangay Captains, Barangay Health Stations (BHS), relatives or any concerned citizen.

CLIENT STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Inquire about availability of ambulance.	1. Receive referral or report 2. Refer client to the municipal health officer for assessment of the client's case and/or condition for approval of the request.	None	5 mins	Nurse on Duty
2. Wait for the paramedics to retrieve the patient.	1. Retrieve the patient from the place provided and instructed by the relatives	None	10 mins	Nurse on Duty Driver on Duty
3. Receive first aid.	2. Provide first aid 3. Transfer patient to a health facility	None	5 minutes Transport time is dependent on the distance from the place of	Nurse on Duty Driver on Duty

			origin to the destination.	

4. Fill-out the request form for ambulance use.	1. Receive the filled out form and advised the client to proceed to the cashier for payment or present letter of indigency.		2 minutes	Nurse on Duty
5. Pay the corresponding fee to the Treasurer's Office.	2. Receive the payment and issue official receipt.	Refer to chart	5 minutes	Revenue Collection Clerk
TOTAL		None	20 Mins to 2 hours	

FEES TO BE PAID	
Particulars	Amount
Ambulance Fees Outside the Municipality:	
Dinalupihan - Manila	P 2,000.00
Dinalupihan - Caloocan	P 2,000.00
Dinalupihan - Quezon City	P 2,000.00
Dinalupihan - Makati	P 2,500.00
Dinalupihan - Pasay	P 2,500.00
Dinalupihan - Mariveles	P 1,500.00
Dinalupihan - San Fernando	P 1,500.00
Dinalupihan - Olongapo	P 500.00
Dinalupihan - Balanga	P 500.00

16. ANIMAL BITE TREATMENT CENTER

This service caters residents of Dinalupihan who wish to avail immunization after being bitten by warm-blooded animal, most commonly dog, cat, monkey, etc. Clients are assessed for post exposure management and treatment (i.e., active or passive vaccination).

Office or Division:	Rural Health Unit III
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Referral form from MSWD	MSWD

CLIENT STEPS	**AGENCY ACTION**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present referral slip from BHS	1. Receive referral slip then retrieval or creation of medical record.	None	5 mins	Nurse on Duty
2. Provide necessary data for history taking.	1. Interview client for history taking. 2. Get vital signs and record on the Individual Treatment Record Form (ITR). 3. Refer client to the Physician on Duty.	None	5 mins	Nurse on Duty
3. Proceed to medical consultation room.	1. Verify medical history of client. 2. Do physical examination. 3. Classify client's category. 4. Referral to ABTC center	None	10 mins	MHO Rural Physician on Duty

4. Proceed to Animal Bite Center	1. Administer Anti-rabies vaccine (ARV) or Rabies Immunoglobulin (RIG) depending on the animal bite category 2. Instruct client to observe for any adverse reaction.	None	5 mins	ABTC Nurse
5. Attend counseling and wait for the advise of your next immunization schedule.	3. Health education and responsible pet ownership counselling. 4. Fill-out treatment card and return to client. 5. Remind client of next immunization schedule.	None	10 mins	ABTC Nurse
TOTAL		None	35 mins	

17. ISSUANCE OF EXHUMATION PERMIT/TRANSFER OF CADAVER PERMIT

This service caters residents of Dinalupihan who wish to exhume and transfer remains of a deceased individual.

Office or Division:	Municipal Health Office/ Sanitary Office
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Residents of Dinalupihan

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Exhumation Permit - Death certificate (Original copy); Body must be buried for 7 years or more	Office of the Municipal Civil Registrar
Transfer of Cadaver Permit – Death Certificate	
Certification that the person requesting exhumation is related to the deceased.	Barangay Hall

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements.	1. Receive and assess completeness of requirements and advise the client to pay the necessary fees.	None	5 mins	Sanitary Inspector on Duty
2. Proceed to the Treasurer's Office and pay the corresponding fees.	2. Receive the payment and issue official receipt.	Refer to chart	5 mins	Revenue Collection Clerk
3. Present the Official Receipt and claim permit.	3. Issue Exhumation Permit or Transfer of Cadaver Permit	None	5 mins	Sanitary Inspector on Duty
	TOTAL	None	15 mins	

FEES TO BE PAID	
Particulars	Amount
Burial Permit Fee of Transfer of Cadaver	P 100.00
Fee for Exhumation of Cadaver	P 100.00

18. DINALUPIHAN DIALYSIS CENTER

Hemodialysis is a treatment to filter wastes and water from a patient's blood.

Description of Service	The Dinalupihan Dialysis Center was created to cater patients needing affordable quality dialysis and help address problems with Chronic Kidney Disease. It consists of ten (10) dialysis machines equipped with the latest safety and user-friendly features including colored screen display of all treatment parameters to ensure the goal is achieved. It has a water purification room, re-use area, storage, and reception areas.
Office of Division:	Municipal Health Office under Local Government
Classification:	Simple
Types of Transaction:	G2C – Government to Citizen
Who may avail:	Dinalupihan residents with Chronic Kidney Disease Stage V who undergo Hemodialysis treatment

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Health Declaration Checklist Patient Medical Record, Treatment Sheet	Triage Nurse Dialysis
Medical Abstract, prescription and HD treatment sheet	Government/Non- Government Nephrologist, Hospital and Hemodialysis Center
Laboratory and Chest Xray results (Updated)	Government/Non-Government Diagnostic Center
Philhealth MDR (Member Data Record), Philhealth Dialysis Database (PDD), Philhealth Journal, Certificate of Philhealth used	Philhealth, Philhealth Online, Hospital and Hemodialysis Center Philhealth, Philhealth Office
Senior Citizen ID	Senior Citizen Office
Persons with Disability (PWD)	DSWD Office
Endorsement Letter	MSWDO
Certificate of Indigency	Barangay
How to avail of the Services (New Patients)	

CLIENT STEPS	AGENCY ACTION	FEEDS TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds in the Triage	1.1Categorizes patients as Non-COVID case and creates patients medical record	None	8 minutes	Nurse I, Triage Area
1. Submit all requirements needed (medical) abstract, latest laboratory results, referral forms	2.1 Conduct Physical Examination and evaluation of reuirements 2.2 Ask patient for referral letter from other dialysis center/hospital	None	15-20 minutes	Physician on Duty
2. Completion of patient's Chart	3.1 Secure and complete patient's chart 3.2 Patient/relatives will sign informed consent and conduct orientation of Hemodialysis units' rules and regulations	None	15-20 minutes	HD Nurse / Physician on Duty
3. Preparation for Hemodialysis Treatment	4.1 Conduct pre dialysis aseessment 4.2 Prepare designated dialysis machine for initial treatment	None	15-20 minutes	Dialysis Nurse / Dialysis Technician / Physician on Duty

4. Pre-dialysis care	5.1 Cleaning and assessment for patency of hemodialysis vascular access and cannulation	None	10-15 minutes	Dialysis Nurse
5. Hemodialysis Treatment	6.1 Provide hemodialysis treatment and monitoring for intradialytic complications	None	4 hours	Dialysis Nurse / Dialysis Technician / Physician on Duty
6. Hemodialysis Treatment	6.1 Provide hemodialysis treatment and monitoring for intradialytic complications	None	4 hours	Dialysis Nurse / Dialysis Technician / Physician on Duty
7. Post-dialysis care	7.1 Conduct termination, deccanulation and post dialysis assessment and home advised	None	10-15 minutes	Dialysis Nurse / Dialysis Technician / Physician on Duty
8. Philhealth package claim, Statement of Account and Diacharge	8.1 Patient /relative will sign CSF, PBEF, Text BPN, CF2 Philhealth forms and Statement of Account	None	10-15 minutes	Dialysis Clerk
9.				
	TOTAL:	**None**	**5hrs, 53 minutes**	

How to avail of the Service (Old Patients with Philhealth)				
CLIENT STEPS	**AGENCY ACTION**	**FEEDS TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceeds in the Triage	Categorizes patients as Non-COVID case and creates patients medical record	None	8 minutes	Nurse I, Triage Area
2. Retrieval of charts	2.1 Retrieve and secure patient records	None	5 minutes	Dialysis Nurse
3. Pre-dialysis care	3.1 Cleaning and assessment for patency of hemodialysis vascular access and cannulation	None	10-15 minutes	Dialysis Nurse
4. Hemodialysis Treatment	4.1 Provide hemodialysis treatment and monitoring for intradialytic complications	None	4 hours	Dialysis Nurse / Dialysis Technician / Physician on Duty
5. Post-dialysis care	5.1 Conduct termination, deccanulation and post dialysis assessment and home advised	None	10-15 minutes	Dialysis Nurse / Dialysis Technician / Physician on Duty

6. Philhealth package claim, Statement of Account and Discharge	6.1 Patient /relative will sign CSF, PBEF, Text BPN, CF2 Philhealth forms and Statement of Account	None	10-15 minutes	Dialysis Clerk
	TOTAL:	**None**	**5 hrs, 3 minutes**	