



CITIZEN'S CHARTER

PALATIW HEALTH CENTER OLD

Primary Health Care Services

MEDICAL CONSULTATION

| Office or Division: PALATIW HEALTH CENTER OLD | | |
|---|------------------------------|--|
| Classification: | Simple | |
| Type of Transaction: | G2C - Government to Citizens | |
| Who may avail: | Patients of all ages. | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|--------------------|
| Identification Card | Government offices |
| Phil Health Number (optional) | Phil Health office |
| Family Number | Health Facility |
| Individual Treatment Records | |
| Risk Assessment Forms | |
| Pre-Natal Records | |
| Family Planning Records | |
| Immunization Chart/Records | |
| Referral Forms | |
| Medicine Dispensing Records | |
| TB Medication Card/ Dispensing Records | |
| Medical Certificates/ Referral Forms | |
| WHODAS Forms | |
| ADEPT Forms / Records | |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|-----------------------|--------------------------|--------------------|--------------------|---------------------|
| 1. | Admission. | Issuance and filling out | NONE | 2-5 | Pasig Health Aides: |
| | Retrieval of existing | of forms | | MINUTES | MA. FE CHAVEZ |
| | personal health | | | | DOMINICA BAUTISTA |
| | records/Filling up of | | | | IMELDA CASTRO |
| | medical records for | | | | ERLINDA ESCUTON |
| | new patients | | | | KATRINA ANGELI |
| | | | | | RUSTRIA |
| 2. | Anthropometric | Accurate measurement | NONE | 2-5 | Pasig Health Aides: |
| | measurements | of height and weight | | MINUTES | MA. FE CHAVEZ |
| | | | | | DOMINICA BAUTISTA |
| | | | | | IMELDA CASTRO |
| | | | | | ERLINDA ESCUTON |
| | | | | | KATRINA ANGELI |
| | | | | | RUSTRIA |
| 3. | Vital Signs taking | Accurate measurement | | | Pasig Health Aides: |
| | | of Blood pressure, pulse | NONE | 3-5 | MA. FE CHAVEZ |
| | | rate, respiratory rate, | | MINUTES | DOMINICA BAUTISTA |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----|----------------------------------|-------------------------------|--------------------|--------------------|--|
| | | temperature and glucose | | | IMELDA CASTRO |
| | | testing | | | ERLINDA ESCUTON |
| | | | | | KATRINA ANGELI |
| | | | | | RUSTRIA |
| 4. | Queuing of patients | Recording of chief | NONE | 3-5 | Health Center Nurses: |
| | for assessment | complaints and | | MINUTES | THELMA N. ARRIETA, RN |
| | | laboratory results if any | | | AIZEL A. UNLAYAO, RN |
| | | for follow up | | | |
| 5. | Ouguing for Modical | consultations Evaluation and | NONE | 5-10 | Dural Health Dhysisian |
| ٥. | Queuing for Medical Consultation | management of | INOINE | MINUTES | Rural Health Physician: MARK GIL B. MATIAS, |
| | Consultation | diagnosed illness | | WIINOTES | MD |
| 6. | Special Referral if | Provision of medical | NONE | 3-5 | Rural Health Physician: |
| | warranted | certificates and/or | | MINUTES | MARK GIL B. MATIAS, |
| | | Referral to higher facility | | | MD |
| | | if warranted | | | |
| 7. | Referral to Nurses for | Advised and dispensing | NONE | 3-5 | Health Center Nurses: |
| | medicine dispensing | of prescribed medicines | | MINUTES | THELMA N. ARRIETA, RN |
| | and advice | | | | AIZEL A. UNLAYAO, RN |
| TOT | TOTAL: | | NONE | 21-35 | PALATIW HEALTH |
| | nL. | | | MINUTES | CENTER OLD STAFF |

NATIONAL IMMUNIZATION PROGRAM

The primary goal of this program is to minimize morbidity and death among children from the most prevalent vaccine-preventable diseases (VPDs), which include tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis, and measles.

| Office or Division: | PALATIW HEALTH CENTER OLD | |
|----------------------|---|--|
| Classification: | Simple | |
| Type of Transaction: | G2C - Government to Citizens | |
| Who may avail: | All infants and children within the given target age, | |
| | pregnant women and senior citizens needing vaccination. | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|--|
| Any Identification cards of parents/guardian | Government offices |
| Phil Health number (optional) | Phil Health offices |
| Immunization record | For infants - vaccine record from the birthing place |
| | (if given BCG and Hepa B at birth) |
| | For infants transferring from other facility - previous health |
| | service provider |
| Family Number | Health Facility |
| Individual treatment records | |
| Immunization Forms/Records | |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----|--|---|--------------------|--------------------|--|
| 1. | Admission. Retrieval of existing personal health records/Filling out of medical records for new patients | Issuance and filling out of forms | NONE | 2-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 2. | Anthropometric measurements | Accurate measurement of height and weight | NONE | 2-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 3. | Vital Signs taking | Accurate measurement of pulse rate, respiratory rate and temperature | NONE | 3-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 4. | Queuing for Vaccination | Provision of health education thru Mother's class | NONE | 3-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 5. | Vaccination of Eligible patients | Immunization of vaccines to the patients, health education to parents and guardians for possible side effects | NONE | 3-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 6. | Dispensing of medicines for fever and/or pain | Advised and dispensing of prescribed medicines | NONE | 3-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| тот | AL: | | NONE | 16-25 MINUTES | PALATIW HEALTH CENTER OLD STAFF |

NATIONAL TUBERCULOSIS PROGRAM

The National Tuberculosis Control Program (NTP) aims to reduce tuberculosis mortality and incidence in the country, as well as to reduce catastrophic expenditures and deliver patient-responsive health services.

| Office or Division: | PALATIW HEALTH CENTER OLD | |
|----------------------|--|--|
| Classification: | Simple | |
| Type of Transaction: | G2C - Government to Citizens | |
| Who may avail: | All TB cases and referred TB cases needing consultation/ | |
| | assessment/ evaluation and treatment | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---|--|
| Identification cards | Government offices |
| Phil Health number (optional) | Phil Health offices |
| Family Number | Health Facility |
| Individual treatment records | |
| Risk Assessment Forms | |
| DS-TB Treatment Cards | |
| 1. National Tuberculosis Program | Hospital/ Accredited Laboratory Facility |
| | |
| Latest laboratory results | |
| a) DSSM, Xpert MTB Rif Test | Referring facility |
| b.) CBC, Urinalysis, FBS, Creatinine, Lipid Profile | |
| c.) Latest Chest X-ray result with film | |
| d.) Referral from other health facility | |
| (if applicable) | |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|----|--|---|--------------------|---------------------|--|
| 1. | Admission. Retrieval of existing personal health records/Filling out of medical records for new patients | Issuance and filling out of forms | NONE | 2-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 2. | Anthropometric measures and vital signs taking | Accurate measurement of height, weight, temperature, blood pressure, pulse rate, respiratory rate and glucose testing (if applicable) | NONE | 3-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 3. | Checking of requirements | Interviews patient, checks for completeness of requirements | NONE | 2-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 4. | Fill out TBDC Form for clinical diagnosed TB case | Issuance of form Checks completeness of pertinent data | NONE | 2-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 5. | Proceeds to waiting area until name is called | Instructs patient to proceed to waiting area | NONE | 5-10 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|--------|---|---|--------------------|---------------------------------|--|
| 6. | Proceeds to consultation room for assessment of the Rural Health Physician | Conducts initial assessment, administer prescribed medication | NONE | 2-5 MINUTES | Rural Health Physician: MARK GIL B. MATIAS, MD |
| 7. | HIV screening and FBS/RBS screening (if unknown status) | Conduct PICT Conduct Screening Relaying of screening result to patient | NONE | 2-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 8. | Dispensing of medicine | 1. Dispense of NTP medicines 2. Giving the patient Treatment record copy 3. Educate the patient on potential adverse effects and what to do if they occur. 4. Informing the patients of the date of follow up | NONE | 2-5 minutes | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 9. | Specialty Referral if warranted | Assessment and evaluation of special cases. Referral to higher facility if warranted | NONE | 3-5 MINUTES | Rural Health Physician: MARK GIL B. MATIAS, MD |
| TOTAL: | | NONE | 16-45 MINUTES | PALATIW HEALTH CENTER OLD STAFF | |

NATIONAL SAFE MOTHERHOOD PROGRAM

The National Safe Motherhood Program primarily focuses on the health and welfare of women throughout and after the pregnancy. To be able to improve the survival, health and well-being of mothers and unborn child through a package of services all through the course of, before and after pregnancy.

| Office or Division: | PALATIW HEALTH CENTER OLD |
|----------------------|------------------------------------|
| Classification: | Simple |
| Type of Transaction: | G2C - Government to Citizens |
| Who may avail: | All Pregnant and Post-Partum Women |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | | | |
|--|-----------------------------|--|--|--|
| Identification Card | Government offices | | | |
| Phil Health number (optional) | Phil Health offices | | | |
| Laboratory results (if available) | Referring facility | | | |
| Discharge slip (for Post-Partum Women) | Delivery Hospitals/Facility | | | |
| Family Number | Health Facility | | | |
| Individual treatment records | | | | |
| Risk Assessment Forms | | | | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---------------------------|-----------------|
| Prenatal Forms/Records | |
| Post-Partum Forms/Records | |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
|----|--|---|--------------------|------------------------|--|
| 1. | Admission. Retrieval of existing personal health records/Filling out of medical records for new patients | Issuance and filling out of forms. Provision of Mother & Baby book | NONE | 2-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 2. | Anthropometric measurement and Vital signs taking | Accurate measurement of height, weight, temperature, blood pressure, pulse rate, respiratory rate and glucose testing (if applicable) | NONE | 2-3 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 3. | Queuing for Prenatal Consultation | Provision of health education thru Mother's Class | NONE | 3-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 4. | PREGNANT WOMEN Comprehensive Pre- natal Check up | 1. Assessment of the Patient, checking of AOG 2. Provision of information on Safe Pregnancy and assessment on High Risk Pregnancy 3. Referral of Prenatal Laboratory Workout 4. Checking of Fundic Ht. and Fetal Heart Tone 5. Provision of Supplements such as Iron w/ Folic Acid, Calcium Supplementation 6. Provision of Tetanus Toxoid Vaccination 7. Specialty referral (if warranted) | NONE | 5-10 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| | POST-PARTUM WOMEN | 1. Assessment of mother post delivery 2. Provision of supplement Iron with Folic Acid 3. Health education for exclusive breastfeeding, child immunization and | NONE | 5-10 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
|-----|-----------------------|---|--------------------|------------------------|-------------------------|
| | | family planning services | | | |
| 5. | Follow Up Check Up | Scheduling of follow up | NONE | 2-3 | Health Center Nurses: |
| | | check-up for Pregnant | | MINUTES | THELMA N. ARRIETA, RN |
| | | and/or Post-Partum women | | | AIZEL A. UNLAYAO, RN |
| 6. | Medical Consultation | 1. Evaluation and | NONE | 5-7 | Rural Health Physician: |
| | | management of Pregnant women with remarkable laboratory results | | MINUTES | MARK GIL B. MATIAS, MD |
| | | · | | | |
| 7. | Specialty Referral if | 1. Assessment and | NONE | 3-5 | Rural Health Physician: |
| | warranted | evaluation of special | | MINUTES | MARK GIL B. MATIAS, MD |
| | | cases. | | | |
| | | 2. Referral to higher | | | |
| | | facility if warranted | | | |
| TOT | ΔΙ٠ | | NONE | 12-23 | PALATIW HEALTH |
| | ٦Ŀ • | | | MINUTES | CENTER OLD STAFF |

INTEGRATED NON-COMMUNICABLE DISEASES PROGRAM

Aims to promote the Use of Phil PEN Protocol to diagnose and manage non communicable diseases.

| Office or Division: | PALATIW HEALTH CENTER OLD | | | | |
|----------------------|---|--|--|--|--|
| Classification: | Simple | | | | |
| Type of Transaction: | G2C - Government to Citizens | | | | |
| Who may avail: | All Patients 20 y/o and above and diagnosed with Non- | | | | |
| | communicable diseases | | | | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|----------------------------------|--------------------|
| Identification Card | Government offices |
| Phil Health Number (optional) | Phil Health office |
| Family Number | Health Facility |
| Individual treatment records | |
| Risk Assessment Forms | |
| Medication Sheet for Maintenance | |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|-----------------------|--------------------------|--------------------|--------------------|---------------------|
| 1. | Admission. | Issuance and filling out | NONE | 2-5 | Pasig Health Aides: |
| | Retrieval of existing | of forms | | MINUTES | MA. FE CHAVEZ |
| | personal health | | | | DOMINICA BAUTISTA |
| | records/Filling up of | | | | IMELDA CASTRO |
| | medical records for | | | | ERLINDA ESCUTON |
| | new patients | | | | KATRINA ANGELI |
| | | | | | RUSTRIA |
| 2. | Anthropometric | Accurate measurement | NONE | 2-5 | Pasig Health Aides: |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----|---|---|--------------------|--------------------|--|
| | measurements | of height and weight | | MINUTES | MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 3. | Vital Signs taking | Accurate measurement of Blood pressure, pulse rate, respiratory rate, temperature and glucose testing | NONE | 3-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 4. | Queuing of patients for assessment | Recording of chief complaints and laboratory results if any for follow up consultations | NONE | 3-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 5. | Queuing for Medical Consultation | Evaluation and management of diagnosed illness | NONE | 5-10 MINUTES | Rural Health Physician: MARK GIL B. MATIAS, MD |
| 6. | Referral to Nurses for medicine dispensing and advice | Advised and dispensing of prescribed medicines for maintenance medications | NONE | 3-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 7. | Follow Up Monitoring | Scheduling of monthly monitoring, provision of maintenance meds and follow up check-up with blood workouts at least once every 3 months | NONE | 3-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 8. | Specialty Referral if warranted | Assessment and evaluation of special cases. Referral to higher facility if warranted | NONE | 3-5 MINUTES | Rural Health Physician: MARK GIL B. MATIAS, MD |
| TOT | AL: | | NONE | 18-23 MINUTES | PALATIW HEALTH CENTER OLD STAFF |

FAMILY PLANNING PROGRAM

To help couples/individuals achieve their desired family size within the context of responsible parenthood and improve their reproductive health.

| Office or Division: | PALATIW HEALTH CENTER OLD |
|----------------------|--------------------------------|
| Classification: | Simple |
| Type of Transaction: | G2C - Government to Citizens |
| Who may avail: | All Women of Reproductive ages |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|-------------------------------|--------------------|
| Identification Card | Government offices |
| Phil Health Number (optional) | Phil Health office |
| Family Number | Health Facility |
| Individual treatment records | |
| Risk Assessment Forms | |
| Family Planning Forms/Records | |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|--|--|--------------------|--------------------|--|
| 1. | Admission. Retrieval of existing personal health records/Filling out of medical records for new patients | Issuance and filling out of forms | NONE | 2-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 2. | Anthropometric measurements | Accurate measurement of height and weight | NONE | 2-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 3. | Vital Signs taking | Accurate measurement of pulse rate, respiratory rate and temperature | NONE | 3-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 4. | Queuing for Family Planning Services | Instruct Patient to wait on the waiting area | NONE | 3-5 MINUTES | Pasig Health Aides: MA. FE CHAVEZ DOMINICA BAUTISTA IMELDA CASTRO ERLINDA ESCUTON KATRINA ANGELI RUSTRIA |
| 5. | Provision of Family Planning Methods | Counselling and provision of available Family Planning methods | NONE | 3-5 MINUTES | Health Center Nurses: THELMA N. ARRIETA, RN AIZEL A. UNLAYAO, RN |
| 6. | Medical consultation and Specialty Referral if | 1. Assessment and evaluation of special | NONE | 3-5 MINUTES | Rural Health Physician: MARK GIL B. MATIAS, |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------|--------------|--|--------------------|---------------------------------|--------------------|
| | warranted | cases. 2. Referral to higher facility if warranted | | | MD |
| TOTAL: | | NONE | 16-30 MINUTES | PALATIW HEALTH CENTER OLD STAFF | |

DENTAL SERVICES

The Dental Health program is a response to help decrease the high incidence rate of dental caries and periodontal diseases in our country and increase accessibility, especially to the indigent who cannot afford or have limited / no access to dental health care services.

Services include, but are not limited to: consultation/ oral examination, counselling/ dental health education, tooth extraction, gum treatment, relief of pain, scaling and polishing for pregnant mothers, fluoride varnish treatment for infants, fluoride application for students in public elementary schools and Day care centers with daily tooth brushing drills.

SCHEDULE: MONDAY - FRIDAY (8:00 - 5:00PM)

| Office or Division: | PALATIW HEALTH CENTER OLD | |
|----------------------|--|--|
| Classification: | Simple | |
| Type of Transaction: | G2C - Government to Citizens | |
| Who may avail: | Pasigueños (health center based dental services) | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|-------------------------|
| 1. Identification cards – any government issued ID | Government offices |
| 2. Phil health ID | Phil health office |
| 3. Family Number | Given upon registration |
| 4. If below 18 years old, must be accompanied by | N/A |
| parent or guardian | |

A. HEALTH CENTER BASED

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|----|---|---|--------------------|---------------------|---|
| 1. | 1. The patient will go to their respective health center where they belong with the following documents: a. Identification cards: either voter's ID, Senior Citizen's ID, Philhealth ID b. Referral slip coming from a licensed government/ private dentist (if needed) | The assigned PHA for admission of patients will get their Family Envelop from the Record section. | NONE | | PASIG HEALTH AIDES: Ma. Fe Chavez Dominica Bautista Imelda Castro Erlinda Escuton Katrina Angeli Rustria |

| # | CLIENT STEPS | OFFICE ACTIONS | FEES TO | PROCESSIN | PERSON |
|--------|-----------------------|----------------------------|---------------|-------------------|---------------------|
| _ | | | BE PAID | G TIME | RESPONSIBLE |
| 2. | Approach the Dental | Dental Aide/ Dental | NONE | 10 minutes | Health Center |
| | Aide/ Dental | Assistant/ PHA shall: | | | Dentist: |
| | Assistant / PHA | 1. Admit the patient for | | | DR. JOSEPHINE Y. |
| | | consultation and dental | | | EVANGELISTA |
| | | treatment | | | |
| | | 2. Check the necessary | | | |
| | | documents required | | | Pasig Health Aides: |
| | | 3. Let the patient fill up | | | MA. FE CHAVEZ |
| | | necessary forms and | | | DOMINICA BAUTISTA |
| | | individual treatment | | | IMELDA CASTRO |
| | | record (ITR), covid-19 | | | ERLINDA ESCUTON |
| | | questionnaires | | | KATRINA ANGELI |
| | | 4. Take the vital signs of | | | RUSTRIA |
| | | the patient (BP, RR, | | | |
| | | TEMP, ETC) for | | | |
| | | recording. | | | |
| | | 5.Refer the patient to the | | | |
| | | Dentist | | | |
| 3 | Approach the Dentist | The dentist in charge | NONE | 10 minutes | Health Center |
| | in charge in the said | shall: | | to 1 hour | Dentist: |
| | health center | 1. Perform proper | | depending | DR. JOSEPHINE Y. |
| | | triaging for covid-19 | | on the | EVANGELISTA |
| | | 2. Provide oral | | dental | |
| | | examination/ | | treatment | |
| | | consultation | | provided | |
| | | 3. Check the history of | | • | |
| | | the patient | | | |
| | | 4. Provide necessary | | | |
| | | dental treatment needed | | | |
| | | by the patient. | | | |
| | | a f the patients | NONE | 10 minutes | PALATIW HEALTH |
| | | | | to 2 hours | CENTER OLD STAFF |
| TOTAL: | | | depending | 52.11ER 52D 51/11 | |
| | | | on the | | |
| | | | difficulty of | | |
| | | | | the dental | |
| | | | treatment | | |
| | | | | | |
| | | | | provided | |

FEEDBACK AND COMPLAINTS

| FEEDBACK AND COMPLAINTS MECHANISM | | |
|-----------------------------------|---|--|
| How to send feedback | Answer the client feedback form and drop it at the designated drop box and/or Contact info: 8643-0000 | |

| How feedback is processed | Every Friday, the assigned staff opens the drop box and compiles and records all feedback submitted. |
|------------------------------|--|
| | Feedback requiring answers are forwarded to the relevant offices and they are required to answer |
| | within three (3) days of the receipt of the feedback. |
| | The answer of the office is then relayed to the citizen. |
| How to file a complaint | Report complaint through Ugnayan sa Pasig Facebook page |
| | Contact info: ugnayan@pasigcity.gov.ph; |
| How complaints are processed | The Complaints Officer receive the complaints on a daily basis and evaluates each complaint. Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action. |
| | The Complaints Officer will give the feedback to the client. For inquiries and follow-ups, clients may contact the |
| | following telephone number: 8643-0000 |
| Contact Information | Palatiw Health Center Old M. H. Del Pilar St. Brgy. Palatiw, Pasig Facility Landphone not available |
| | Facility Mobile number not available |