

CITIZEN CHARTER
Pasig City Health Department

Adolescent Health Development Program

Monitoring and Consultation of Adolescents in the Community

Office or Division:	Adolescent Health Development Program
Classification:	Complex
Type of Transaction:	G2C – Government to Citizens
Who may avail:	Adolescents (10-19 years old)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
No Checklist Requirements needed for Medical Consultation.	N/A
The Adolescent must be accompanied by a Parent/s or Guardian.	N/A
If and Adolescent wants to avail any Artificial Family Planning Method, a Parent/s' Consent must be presented to Primary Health Care Provider.	Patient's Parent/s or Guardian

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Registration in front desk to identify if the Adolescent is a new or old patient	Health Center	N/A	2-3 minutes	Pasig Health Aide Assigned
2	Collection of Data on Vital Signs (Blood Pressure, Weight, Height, Temperature and Respiration Rate), Personal Data (Complete Name, Age, Complete Address, Parent's Name and etc)	Health Center	N/A	5 Minutes	Pasig Health Aide Assigned

#	CLIENT STEPS	OFFICE ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3	Assessment of adolescent patient using HEADSSS (Home, Education/Employment, Activities, Drugs, Sex, Self-harm and Safety) tool to identify active and potential health problem.	Health Center	N/A	5-10 Minutes	Nurse or Midwife
4	Consultation (Medical or Dental)	Health Center	N/A	5-10 Minutes	Rural Health Physician/ Dentist
5	Dispensing of Medicine if there is a prescription.	Health Center	N/A	1-3 Minutes	Nurse or Midwife
6	Monthly Reporting	Reporting of data consolidated for 1 month and sending it to Adolescent Coordinator	N/A	10-30 Minutes	Nurse or Midwife in Charge on AHDP at Health Center
7	Receiving of Monthly Report	Consolidation of all Monthly Report of Health Centers	N/A	15-30 Minutes (if all reports received on time)	Mark Ernest A. Ferrer, RN
8	Consolidation of Quarterly Reports	Consolidation of 3 month report to come up with quarterly report	N/A	5-10 Minutes (given that the every monthly reports are already consolidated)	Mark Ernest A. Ferrer, RN
9	Consolidation of Semi Annual Reports	Consolidation to 1 st 6 month Monthly Reports to be submitted to Medical Statistics of City Health Department, Department of Health and Commission on Population.	N/A	5-10 Minutes (given that the 1 st 6 month Monthly Report are already consolidated)	Mark Ernest A. Ferrer, RN, Ma. Laarni C. Bernales, MD
TOTAL:			N/A	N/A	

FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback	They can email us at pasigcityahdp2021@gmail.com
How feedback is processed	To be read and analyze by the Adolescent Development Program Coordinator for evaluation and proper consultation to department head to be able to render much better service of the program.
How to file a complaint	Email us at pasigcityahdp2021@gmail.com or ugnayan@pasigcity.gov.ph
How complaints are processed	To be read and analyze by the Adolescent Development Program Coordinator for evaluation and proper consultation to department head to give appropriate actions
Contact Information	8643-1111 or 09473151361