

## SERVICES: HEALTHY LIFESTYLE DISEASES

d. To For follow up HTN and DM patient

|  |  |                        |                        |  |
|--|--|------------------------|------------------------|--|
| <b>Office or Divisions:</b>  | City Health Office                               |                        |                        |  |
| <b>Classification:</b>   | Simple   |                        |                        |  |
| <b>Type of Transaction:</b>  | Government Citizens/Client                       |                        |                        |  |
| <b>Who may avail:</b>  | ALL  |                        |                        |  |
| <b>CHECKLIST OF REQUIREMENT</b>  |  | <b>WHERE TO SECURE</b> |                        |  |
| Booklet and ID   |  |                        |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>                             | <b>FEES TO BE PAID</b> | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Sign in to client logbook at the information desk & get your number then wait for your number to be called. | Interview Patient/Client and register to logbook | None                   | 1 minute               | <b>Wilson Alamo</b><br><i>Admin Aide III</i><br><b>Johnny Peralta</b><br>or<br>Guard on Duty |
| 2. Proceed to the admission area for vital signs.  | Vital Signs Recorded to the booklet              | None                   | 3 minutes              | <b>Elsie Agliday</b><br><i>Admin Aide 1</i>  |
| 3. Get your prescribed medicine to Pharmacy  | Dispense medicine to the client                  | None                   | 2 minutes              | <b>Maria Theresa Amurao</b><br><i>Pharmacist</i>   |
|  | <b>TOTAL:</b>                                    |                        | 6 minutes              |  |