



Internal/External

13. SERVICENAME: INFORMATION AND SERVICES ON ADOLESCENT HEALTH AND DEVELOPMENT PROGRAM.

Description of the Service: The CHO/City of Ilagan Youth Center provides comprehensive services for adolescents with utmost care, passion and confidentiality

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	Government Citizens/Client
Who may avail:	ADOLESCENT CLIENTS FROM 10 - 19 YEARS OF AGE

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ITR HMBR Medical Record from other Hospital (if needed)		City Health Office / Hospital		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the client logbook at the information desk & get the number to be called.	Give the logbook and number.	None	1 minute	Marites c. Aragon Admin Aide I City Health Office
2. Proceed to the admission & vital signs area	Vitals Signs Recorded & Staff will accomplish HBMR/pink card	None	20 minutes	Marites c. Aragon Admin Aide I City Health Office



3. Proceed to Counselling Room	Provided counselling to Teenage Adolescent and services like: <ul style="list-style-type: none">• Prenatal Care• Provision of FP information and commodities• Immunization• Healthy lifestyle• Diagnostic services	None	20 minutes	Nikola Madonna L. Cabrera Nurse V City Health Office Dr. Red G. Cachapero OIC-CHO City Health Office
4. Ask schedule for follow up check up	Schedule follow up of client upon signing of logbook for services rendered	None	5 minutes	Nikola Madonna L. Cabrera Nurse V City Health Office Dr. Red G. Cachapero OIC-CHO City Health Office
TOTAL			46 minutes	