



Internal/External

16. SERVICENAME: HEALTHY LIFESTYLE DISEASES (Mental Health)

Description of the Service: To promote mental health and prevent mental disorders through advocacy, education and information dissemination.

Office or Division:	City Health Office/Mental Health			
Classification:	Simple			
Type of Transaction:	Government Citizens/Client			
Who may avail:	ALL			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
* For new patient: Medical Certificate from previous check-up with, prescriptions and admitting form *For old patient: Admitting form and Mental Health booklet/card		From previous institutions/hospitals/clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For new patient 1. Go to admitting section for registration and proceed to Mental Health program coordinator.	Interview client/patient and register to presumptive masterlist	None	2 minutes	Wilson Alamo Admin Aide III Johnny Peralta Admin Aide I or Guard on Duty
2. Submit necessary requirements	Receive the required documents for recording	None	3 minutes	Karla Grace M. Pararuan Nurse III



3. Receive the Mental Health Booklet/card	Fill up the booklet and give the necessary instructions or counseling	None	10 minutes	Karla Grace M. Pararuan Nurse III
4. Proceed to the Pharmacy section for the availment of drugs.	The in-charge personnel will sign the booklet	None	2 minutes	Maria Theresa Amurao Pharmacist
TOTAL			17 minutes	