



Internal/External

19. SERVICENAME: HEALTHY LIFESTYLE DISEASES (Community-Based Drug Rehabilitation Program)

Description of the Service: To detect risk levels, facilitate early intervention, assess related problems and universal screening.

Office or Division:	City Health Office/ Blindness Prevention Program Coordinator.			
Classification:	Simple			
Type of Transaction:	Government Citizens/Client			
Who may avail:	ALL			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Screening test form (ASSIST)		City Health Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Admitting client directly to Program Coordinator.	Interview client/patient for recording and reporting	None	2 minutes	Karla Grace M. Pararuan Nurse III
2. Proceed to screening test and counseling	The in-charge coordinator interview client for recording and reporting	None	10minutes	Karla Grace M. Pararuan Nurse III
3. Refer if necessary	The in-charge personnel will submit quarterly reporting	None	1 minute	Karla Grace M. Pararuan Nurse III
TOTAL			13 minutes	



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