



Internal/External

3.SERVICENAME: AVAILMENT OF ADOLESCENT HEALTH DEVELOPMENT

Description of the Service: Provides youth-friendly health care and support for adolescents (ages 10–19), including counseling, mental health support, sexual and reproductive health services, health education, and early detection or management of common adolescent health concerns in a safe, confidential, and supportive environment.

Office or Division:	City Health Office II			
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		
<ul style="list-style-type: none"> • 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 to patient	None	1 minute	CHO staff on duty at Admission area
2. Go to admission area for the recording of chief complaints and vital signs.	Vital Sign Recorded and Assessed to Admitting Form	None	3 minutes	Lorelie U. Bueno, RM Midwife II



3. Go to Adolescent friendly health facility room for counselling.	Interview patient, filled up HEADDSS assessment form, and counsel the patient	None	10 minutes	Lorelie U. Bueno, RM Midwife II
TOTAL:			14 minutes	