

CITY HEALTH OFFICE

Bacolod City

Location: Galo BBB, Burgos Street, Barangay 20, Bacolod City

Phone number: (034) 431-36-73

I. OUTPATIENT CONSULTATION

ABOUT THE SERVICE: The purpose of this service is to diagnose and treat illnesses and give appropriate medical services. This service is available at the Main Dispensary of the City Health Office (CHO) to any person/individual who needs medical assistance.

REQUIREMENTS:

- Consultation
 - Adult (Voter's ID/Senior Citizen's ID/PWD ID)
- Issuance of Medical Certificate
 - Any Valid ID
 - Chest X-ray, CBC, Urinalysis
 - Drug Test (Additional requirement for CSC Form No. 211)

FEES:

- Medical Certificate – P 50.00
- Consultation Fee – P 20.00
- Injection Fee – P 20.00

HOW TO AVAIL OF THE SERVICE:		
STEPS	Time Frame	Person/s In Charge
1. Secure queue number for consultation	1 minute	<i>Main Dispensary Staff</i>
2. Present consultation slip at the cashier for payment	5 to 10 minutes	<i>Cashier</i>
3. Submit yourself to an assessment and provide the needed data	5 minutes	<i>Main Dispensary Staff BHW</i>
4. Be examined by the physician <ul style="list-style-type: none"> a. Trauma – Room 2 b. Medical – Room 1 c. Infectious – Room 101 	Depending on the illness	<i>Medical Officers on Duty</i>

II. PROVISION OF IMMUNIZATION SERVICES

ABOUT THE SERVICE: The purpose of this service is to immunize children below 5 years old from vaccine preventable diseases and to prevent the occurrence of neonatal tetanus in infants by giving tetanus toxoid injection to all pregnant women.

REQUIREMENTS:

- Growth Monitoring Chart and/or record of previous immunization (where applicable)

HOW TO AVAIL OF THE SERVICE:		
STEPS	Time Frame	Person/s In Charge
1. Register and get priority number	2-3 minutes	<i>Medical Staff/BHW</i>
2. Submit yourself or your child to an assessment and provide the needed data.	5 minutes	<i>Medical Staff/BHW</i>
3. Subject yourself or your child to immunization and take note of instructions including the next schedule of immunization.	5 minutes	<i>Nurse/Midwife on Duty</i>

III. PROVISION OF PRE-NATAL CARE

ABOUT THE SERVICE: The City Health Office (CHO) provides a comprehensive maternal care program for pregnant and lactating mothers.

REQUIREMENTS:

- Home Base Mother Record –HBMR

HOW TO AVAIL OF THE SERVICE:		
STEPS	Time Frame	Person/s In Charge
1. Fill-up information slip and get priority number	3 to 5 minutes	<i>Nurse/Midwife on Duty</i>
2. Present Home Base Mother Record (HBMR) at table 1 a. If none, ask for the issuance of HBMR	3 to 5 minutes	<i>Nurse/Midwife on Duty</i>

3. Have your vital signs taken at table	3 to 5 minutes	<i>Nurse/Midwife on Duty</i>
4. Submit HBMR for data recording	3 to 5 minutes	<i>Nurse/Midwife on Duty</i>
3. Wait for your priority number to be called and submit yourself to pre-natal check-up	15 to 20 minutes	<i>Physician on Duty</i>
4. Submit yourself to health teaching and ask for follow-up schedule	5 to 10 minutes	<i>Nurse/Midwife on Duty</i>

IV. TREATMENT FOR RABIES

ABOUT THE SERVICE: The purpose of this service is to treat clients with animal bites.

REQUIREMENTS:

- Proof of residence in Bacolod City
(If available vaccine is purchased by LGU-Bacolod City)
- Prescription from the Doctor

HOW TO AVAIL OF THE SERVICE:		
STEPS	Time Frame	Person/s In Charge
1. Secure queue number	1 minute	Main Dispensary Staff
2. Inquire about the services given and the requirements	2 minutes	Nurse/Midwife on Duty/ Main Dispensary Staff
3. Present admission form (animal bites) at Nurse Station	2 hours	Nurse on Duty
4. Submit self to assessment, take note of the advice & health education.	10 minutes	Physician on Duty
5. Submit self to physical examination and administration of the following:		
6. Active Anti Rabies Vaccine	5 minutes	Nurse on Duty
7. Passive Anti Rabies i. Immunoglobulin	1 hour	

8. Take note of the schedule of follow-up anti rabies injection/ shots & further instruction	2 minutes	Nurse on Duty/ Main Dispensary Staff
9. Secure number on follow-up of anti-rabies injection	1 minute	Main Dispensary Staff

V. PROVISION OF ANTI-TETANUS TREATMENT

ABOUT THE SERVICE: The City Health Office (CHO) caters clients for the injection of Anti-Tetanus

REQUIREMENTS:

- Prescription from the Doctor
- Syringe (if not available)

FEES:

- Injection Fee – P 20.00

HOW TO AVAIL OF THE SERVICE:		
STEPS	Time Frame	Person/s In Charge
1. Secure queue number	1 minute	Main Dispensary Staff
2. Present prescription at Treatment Area	2 minutes	Nurse on Duty/ Main Dispensary Staff
3. Submit self to an assessment, take note of instruction(s) and health education	5 minutes	Nurse on Duty
4. Submit self to physical examination and administration of the following:		
5. Active Anti Tetanus Vaccine	2 minutes	Nurse on Duty
6. Passive Anti Tetanus Immunoglobulin	1 hour	
7. Take note of further instruction	2 minutes	Nurse on Duty