



Department of Health  
**SAN LAZARO HOSPITAL**

**CITIZEN'S CHARTER  
 MANUAL**



DOCUMENT CODE:  
 CC-MS-H4D-003

REVISION NO.

0

DATE EFFECTIVE  
 June 1, 2019

**DEPARTMENT: H4 OUT-PATIENT DEPARTMENT**

**PROCESS 3: ANTI-RETROVIRAL THERAPY COUNSELLING FOR  
 NEW PATIENT (3 SESSIONS)**

**Schedule of Services:**

Monday to Friday: 8:00am – 4:00pm (No noon break)

except holidays

Registration time: 8:00am-12 noon

**Services Provided to:**

Out-patient/In-patient

**Requirements Needed:**

Blotter Sheet

**Duration:**

1-1.75 Hours

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Secure Blotter Sheet	Blotter Sheet	None	5-10 mins	Patient/Relative
2	Pay registration fee to the Cashier	Blotter Sheet	Php 20.00	3-5 mins	Patient/Relative
3	Return to the H4 OPD Registration Area for queuing and vital signs	H4 OPD Consultation Attendance Form, Blotter Sheet	None	15-20 mins	Nurse on duty and Nursing Attendant on duty
4.	Anti-retroviral Therapy Counselling (1 <sup>st</sup> & 2 <sup>nd</sup> Counselling)	Patients File Record, Anti-retroviral Pamphlet, Consent Form	None	20-30 mins	Doctor on duty



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5.	Enrollment/Anti-Retroviral Initiation (3 <sup>rd</sup> ARV Counselling)	Patients File Record, ARV Regimen Booklet, Consent Form	None	20-30 mins	Doctor on duty
END OF TRANSACTION					