Online Appointment Process Flow

PSYCHIATRY DEPARTMENT

PRIVACY NOTICE:

The client understood and agreed in the privacy notice stated prior to filling the form.

1. The client will fill out the ff data:
2. First Name
3. Middle Name
4. Last Name
5. Extension Name
6. Gender
7. Date of Birth (dd/mm/yyyy)
8. Contact number
9. Mother’s Maiden Name: (Last Name/ First Name/ Middle Name)
10. Active email address
11. Mode of communication (Facebook/messenger)
12. Province
13. Municipality
14. Barangay

2. To Select *Patient Category:*

* *OLD*
* *NEW*

3. To select the option for *COURT CASE :*

1. With Court Order (To bring the following documents: Salaysay, Medico-Legal, Referral Letter from Court, Social Case Study)
   * Defendant
   * Accused
2. Without Court Order (To bring the following documents: Referral Letter, Social Case Study)
   * Psychological Evaluation (school / work)
   * VAWC:
     + with consult in WCPU
     + without consult in WCPU
   * Victim of Bullying / Rape

4. To select preferred consultation:

1. Face to Face consultation (All clients with ongoing court case will consulted via face to face only)
2. Teleconsultation (For old client, residing outside Bataan area and/or if physically disabled, or no existing case in court)

* Via zoom

5. Select preferred appointment date (no consultation on thursday, saturday, sunday and holidays)

6. Tick the box of the presenting signs and symptoms of client:

Chief Complaints:

* Re-schedule of follow-up
* Stable o “walang problema” (regular na nagpapakonsulta)
* “Nagsasalita mag-isa” / “Kung ano-ano sinasabi”
* “Walang gana sa buhay” / “Malulungkutin”
* “Laging nag-aalala”
* “Ayaw uminom ng gamot”
* Nananakit ng ibang tao
* Sinasaktan ang sarili
* Naninira ng gamit o nagwawala
* Nakakapinsala sa komunidad
* Gusto ng magpakamatay
* Nagtangkang magpakamatay
* Pagkaulit ng dating sintomas dahil sa pag-adjust ng gamot: specif\_\_\_\_\_\_\_\_\_
* Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Side Effect of Psychiatric Medicine (for OLD clients only):

* Pagrorobot ng kilos
* Matinding panginging
* Inboluntaryong paggalaw ng katawan o mukha
* Paglitaw ng “Rashes” o “pantal” sa balat
* Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Upon submission, clients will be given a reference code while waiting for the confirmation of the selected schedule, if the symptoms selected need further assessment, NOD will contact the client/relative.

9. Once confirmed, Client will secure a screenshot or picture of the confirmed schedule.

Reminder:

For New Clients, kindly have a companion or informant.

For face to face consultation, please bring a patient's Valid ID and/or vaccination card.

| Date | Name | Recommendations/ Suggestions |
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