



Republic of the Philippines
Department of Education
 REGION XII
 SCHOOLS DIVISION OF SOUTH COTABATO

**Office of the Schools Division
 Superintendent**

15 Sept 2023

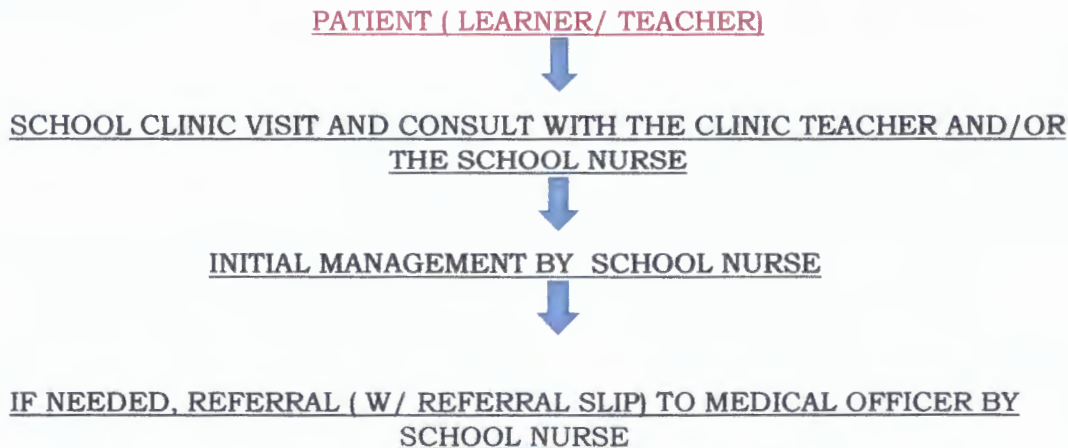
DIVISION MEMORANDUM
 SGOD No. **113** s. 2023

**REFERRAL SYSTEM OF THE SCHOOL HEALTH SECTION
 OF SDO SOUTH COTABATO**

To: Functional Divisions Chiefs
 Education Program Supervisors
 Sections and Units Heads
 District and School Heads
 School Health Personnel
 All Others Concerned

1. In our quest to achieve our mandate to keep all the learners and personnel of SDO South Cotabato healthy, the importance of maintaining an effective referral system should be a primary factor to consider. Also, an effective referral system should ensure that there is a close relationship among all levels of health care, while making sure that the patient can receive the best possible care along the way.
2. All referrals should be written clearly in the official referral slip of the school health section. All Personnel concerned are advised to refer to the enclosure for the Referral Form.
3. Anent this, the following are the simple algorithms that will serve as a guide in referring patients at the School Clinic and Division Clinic.

a. FLOW OF CONSULTATION AND REFERRAL AT THE SCHOOL CLINIC:



SDOS/OSDS-DIO-DM-v3.0r0.0, effective 04/06/2020



Address: Alunan Avenue, Koronadal City, South Cotabato 9506
Telephone Number: (083)228-3801
Email Address: south.cotabato@deped.gov.ph





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REFERRAL TO MEDICAL OFFICER CAN BE DONE FACE TO FACE, ONLINE OR BY TELEPHONE CALL BY THE SCHOOL NURSE



MANAGEMENT BY THE MEDICAL OFFICER AND



IF NEEDED, REFERRAL (W/ REFERRAL SLIP) FOR INVESTIGATIONS (LABORATORY, X-RAY, ULTRASOUND, ETC.), AND/OR REFERRAL TO MEDICAL SPECIALISTS AND CONSULTANTS



RETURN SLIP GIVEN BACK TO THE CLINIC TEACHER/ SCHOOL NURSE



RECORDED AND FILED BY THE CLINIC TEACHER/ SCHOOL NURSE

b. **FLOW OF CONSULTATION AND REFERRAL AT THE DIVISION CLINIC:**

PATIENT (LEARNER/ TEACHER/ NON-TEACHING PERSONNEL)



CLINIC VISIT



PERTINENT DATA AND VITAL SIGNS TAKEN BY DIVISION NURSE



CONSULTATION WITH THE MEDICAL OFFICER



INITIAL MANAGEMENT BY THE MEDICAL OFFICER



IF NEEDED, REFERRAL (W/ REFERRAL SLIP) FOR INVESTIGATIONS (LABORATORY, X-RAY, ULTRASOUND, ETC.), AND/OR REFERRAL TO MEDICAL SPECIALISTS AND CONSULTANTS

SDOSC-OSDS-DIO-DM-v3.0r0.0, effective 04/06/2020



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RETURN SLIP GIVEN BACK TO THE DIVISION NURSE

RECORDED AND FILED BY THE DIVISION NURSE

c. REFERRAL SYSTEM FOLLOWING THE CONDUCT OF LABORATORY TESTS DURING ANNUAL PHYSICAL EXAMINATION PURSUANT TO DEPED MEMORANDUM NO. 22, S. 2015 TITLED ANNUAL PHYSICAL EXAMINATION OF DEPED EMPLOYEES (TEACHING AND NONTEACHING PERSONNEL)

LABORATORY RESULTS OF DEPED EMPLOYEES

SUBMITTED TO SCHOOL NURSE/ DIVISION NURSE

ABNORMAL RESULTS

NORMAL RESULTS

DOCUMENTED BY SCHOOL NURSE/
DIVISION NURSE

RECORDED BY SCHOOL NURSE/
DIVISION NURSE

REFERRAL (W/ REFERRAL SLIP) TO DEPED MEDICAL OFFICER AND/ OR ANY
PHYSICIAN AS PER PATIENT'S CHOICE THRU FACE TO FACE, ONLINE OR
TELEPHONE CALL

MANAGEMENT OF CASE BY THE REFERRAL RECEIVING PHYSICIAN

IF NEEDED, FURTHER REFERRAL (W/ REFERRAL SLIP) FOR INVESTIGATIONS
(LABORATORY, X-RAY, ULTRASOUND, ETC.), AND/OR

REFERRAL TO MEDICAL SPECIALISTS/ CONSULTANTS

RETURN SLIP GIVEN BACK TO THE SCHOOL NURSE/DIVISION NURSE

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4. Online consultation will be conducted thru Google sheets with its own link that will later then be shared in our official group chats. A separate memorandum will be posted later with regards to this matter.
5. For any inquiry on this, personnel concerned are advised to contact **Dr. Amida A. Macalimbon** at telephone no. (083) 228- 7894 or at amida.macalimbon@deped.gov.ph
6. Immediate dissemination of this memorandum is directed.

LEONARDO M. BALALA, CESE
Schools Division Superintendent

Encl.: As stated

Reference: N o n e

To be indicated in the Perpetual Index
under the following subjects:

PROCEDURES
SCHOOLS

SERVICE

AAM/DM- referral system of the school health section of SDO south cotabato
0000/September 15, 2023

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Republic of the Philippines
Department of Education
Region _____
Division of _____

REFERRAL SLIP

To _____ Date _____
(Agency)

Address _____

This is to refer to you:

Name: _____ Age: _____ Sex: _____
Address/School: _____ Grade: _____
Chief Complaint: _____

Impression: _____
Remarks: _____

Name and Signature

Designation

Note: To be detached from upper portion and sent back to the school.

Return Slip

Returned to _____
Name of Patient _____ Date Referred _____
Chief Complaint _____
Findings _____
Action/Recommendations _____

Date

Name & Signature

Designation

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