

Updated 07/02/2021 by Karmen Brown, Virtual Health



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Step11 Enter or remove medications from your current medication list to reflect what you are currently taking. Select your pharmacy or add a pharmacy. Make sure there is a check mark in the box next to correct, if there is not a check mark, click the box to check it. Then, click 'Next.'



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Confirm your allergies, if you need to make changes on a particular allergy, click on that allergy and complete the information. If you need to add an allergy, click '+Add an allergy.' Make sure there is a check mark in the box next to correct, if there is not a check mark, click the box to check it. Then, click 'Next.'

Medications Allergies Please review your allergies, and verify that the list is up to date. Call 911 if you have an emergency. Please note that your allergies reflects information currently in the Sparrow Electronic Medical Record system and can only be updated when you visit a Sparrow location. REMOVE REMOVE	Medications Allergies Health issues Please review your allergies, and verify that the list is up to date. Call 911 if you have an emergency. Please note that your allergies reflects information currently in the Sparrow Electronic Medical Record system and can only be updated when you visit a Sparrow REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE		🥙 E-Visit	Finish Later	E-Visit Finish Late
Please review your allergies, and verify that the list is up to date. Call 911 if you have an emergency. Please note that your allergies reflects information currently in the Sparrow Electronic Medical Record system and can only be updated when you visit a Sparrow location. REMOVE	Please review your allergies, and verify that the list is up to date. Call 911 if you have an emergency. Please note that your allergies reflects information currently in the Sparrow location. REMOVE	Madications	Allergies		REMOVE
REMOVE	REMOVE	Please review you up to date. Call 9 note that your all in the Sparrow Ele can only be upda location.	ur allergies, and ver 11 if you have an em ergies reflects infor ectronic Medical Re ted when you visit a	rify that the list is bergency. Please rmation currently ecord system and a Sparrow	+ ADD AN ALLERGY Allergies You've Asked to be Deleted
REMOVE	REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE REMOVE	é 1171		REMOVE	RESTORE
REMOVE REMOVE NEXT BACK FINISH LATER	REMOVE REMOVE NEXT BACK FINISH LATER	 Baster Baster	and the second	REMOVE	RESTORE
REMOVE NEXT BACK FINISH LATER REMOVE	REMOVE BACK BACK FINISH LATER				
BACK FINISH LATER	BACK FINISH LATER			REMOVE	NEXT
FINISH LATER	FINISH LATER				BACK
				REMOVE	FINISH LATER

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Step12

Step13 Confirm your past medical history on the 'Health Issues' page. If you need to update a health issue click on it and complete the questions. If you need to add a health issue, click '+Add a health issue.' Make sure there is a check mark in the box next to correct, if there is not a check mark, click the box to check it. Then, click 'Next.'

Allergies Health Issues Que Please review your health issues, and verify list is up to date. Call 911 if you have an eme Please note that your current health issues information currently in the Sparrow Electro Medical Record system and can only be upo patients with a current Sparrow Medical Gro	Image: Contract of the second seco
Please review your health issues, and verify list is up to date. Call 911 if you have an eme Please note that your current health issues information currently in the Sparrow Electro Medical Record system and can only be up patients with a current Sparrow Medical Gro	 ADD A HEALTH ISSUE Health Issues You've Asked to be Delete
Medical Record system and can only be upo patients with a current Sparrow Medical Gro	dated for oup PCP. Health Issues You've Asked to be Delete
R	The second
R	
	RESTORE
	Contraction of the second seco
R	EMOVE
R	
	BACK
	FINISH LATER

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Step14 Complete the E-Visit questionnaire related to your symptom. Then, press 'Continue.'

Allergies Health or your E-Visit with Spar Have you had any of th Select all that apply. Tightness of throat or difficulty breathing Difficulty swallowing	D Issues Questionnaires Our Provider e following? Swelling of face, tongue, or lips Confusion or dizziness	Allergies Hea For your E-Visit with Sp If available, please up	alth Issues Questionnair Darrow Provider Moad a photo of the rash. (i)	
Allergies Health or your E-Visit with Span Have you had any of th Select all that apply. Tightness of throat or difficulty breathing Difficulty swallowing	a Issues Questionnaires row Provider e following? Swelling of face, tongue, or lips Confusion or dizziness	Allergies Hea For your E-Visit with Sp If available, please up	alth Issues Questionnair parrow Provider load a photo of the rash. (i)	
or your E-Visit with Span Have you had any of th Select all that apply. Tightness of throat or difficulty breathing Difficulty swallowing	row Provider e following? Swelling of face, tongue, or lips Confusion or dizziness	For your E-Visit with Sr If available, please up	Darrow Provider Hoad a photo of the rash. (i)	
Have you had any of th Select all that apply. Tightness of throat or difficulty breathing Difficulty swallowing	e following? Swelling of face, tongue, or lips Confusion or dizziness	If available, please up	load a photo of the rash. (i) D A DOCUMENT	
Tightness of throat or difficulty breathing Difficulty swallowing	Swelling of face, tongue, or lips Confusion or dizziness		D A DOCUMENT	
Difficulty swallowing	Confusion or dizziness	le there are additioned		
Sovera head or pack		Is there any additional information regarding you		
pain	Fever	current medical conce add?	ern that you would like to	
None of	the above	Are you pregnant?		
What side of the body i	is the rash on?	l am pregnant	I am confident that I am not pregnant	
Both	n sides	I think I	may be pregnant	
Where is the rash locat Select all that apply.	ed?	C	ONTINUE	
Head	Neck	BACK	CANCEL	
Chest -	Back			

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Confirm your answers from the E-Visit questionnaire. If you need to change an answer click on the pencil next to the

	🥙 E-Visit	Finish Later	ť	🥙 E-Visit	Finish Lat	te	
<u> </u>	/		No				
Allergies	Health Issues	Questionnair	Has there been any the following?	here been any contact or exposure to any of Illowing?			
			None of the above	None of the above			
E-Visit: Ras	h		Is the rash associate	ed with any recen	t travel?		
For your E-Visit	with Sparrow Provid	der	No				
Please review yo Or, click any que	our responses. To fini estion to modify an a	ish, click Submit nswer.	t. Have you had this ra No	ash before?			
Have you had an	ny of the following?		Have you had any re	ecent surgery or t	rauma to this		
None of the abo	ove		area of the skin?				
What side of the	body is the rash on?	?	No				
Right			Have you treated th	is rash yet?			
Where is the ras	h located?	-	NO				
Arms/Hands			If available, please u	upload a photo of	the rash.		
How long has the	e rash been there?		la thara any addition	ad information rad	nording your		
Just today			current medical cor	ncern that you wou	uld like to		
How has the ras	h changed?		add?				
I am not sure	20010-0-1						
Does the rash ha None of the abc	ave any of the followi	ing?	Are you pregnant?				
Is there any of th	ne following?	,					
None of the abo	ove			SUBMIT			
Does the rash ha	ave an odor?		BACK		CANCEL		
No				11			

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