eCheck-In for Video Visits

Step1 Patient clicks **eCheck-In** for their upcoming appointment.

Step 2

The patient edits their **Personal Information**. Then, they select the **This information is correct** checkbox.

Check-In						
Personal Info	Insurance	Medications	Allergies	Health Issues	Travel History	Questionnaires
erify Your Personal In	formation					
Contact Information			Details	About Me		2=
186 NEW MOON RD EAST LANSING MI 48823 Soing somewhere for a while? Add a Temporary Address	育 51 □ 553 開 <i>No</i> 愛 jul	7-332-9693 5-555-1234 t entered a.irwin@sparrow.org	Preferred Not ent Religion Catholis	Name ered C	Marital Status Single	тоз
] This information is con	rect					
IEXT FINISH LATER						
		BAC	K TO THE HOME P	AGE		



The patient clicks the **Next** button.

Personal Info	Insurance	Medications	Allergies	Health Issues	Travel History	Ouestionnaires
ify Your Personal In	formation					
ntact Information			Details	s About Me		
66 NEW MOON RD LST LANSING MI 48823 Jing somewhere for a while? Id a Temporary Address	♠ 51 □ 55 周 No 愛 jul	7-332-9693 5-555-1234 it entered ia.irwin@sparrow.org	Preferred Not ent Religion Catholi	d Name tered	Marital Status Single	
			EDIT			EDIT
This information is con	rect					
T FINISH LATER						





The patient selects an option in **Would you like to use insurance to pay for this appointment?** The patient adds coverage. Then, they select the **This information is correct** checkbox.

eCheck-In							
1	-	2		i	1	×	
Personal Info	Insurance	Medications	Alle) rgies	Health Issues	O Travel History	Questionnaires
Please review the insu images. If you have a n	rance(s) we have new insurance pl	e on file. If you see ease submit the u	your inso pdated in	urance her nformation	re you are all set n using 'add cov	t! There is no need erage' button.	to add it or to upload
Responsibility for Paym	ent						
*Would you like to use ins	urance to pay for th	nis appointment?(i)				
Use insurance Do no	t bill insurance						
Insurance on File							
		You ha	ave no in	surance o	n file.		
	+ ADD A COVER	GE					
Pending Review							
Hap Midwest Medicare Hap Midwest Medicare Adva	Advantage		Removed	Blue Can Subscriber	e Network Name	Subscriber N	Added
Subscriber Name Beesly, Pam	Subscr 541065	iber Number 45454		Beesly, Par	m	12347897	
Blue Cross			Added				
Subscriber Name Smith, Test	Membe IM-939	r Number 1938850					
	_						
This information is co	orrect						
BACK NEXT FIN	SH LATER						
					_		
		B/	CK TO THE	E HOME PAG	E		

Step 5 The patient clicks the **Next** button.

Personal Info Insurance Medications Allergies Health Issues Travel History Questionnaires lease review the insurance(s) we have on file. If you see your insurance here you are all set! There is no need to add it or to uploa nages. If you have a new insurance please submit the updated information using 'add coverage' button. esponsibility for Payment would you like to use insurance to pay for this appointment? ① ① Use insurance Do not bill insurance Issurance on File Part Midwest Medicare Advantage Subscriber Number Subscriber Number Subscriber Number Member Number Muther Subscriber Number Member Number Muther Subscriber Nume Member Number Muther Subscriber Number Member Number Muther Subscriber Number Muther Subscriber Nume Member Number Muther Subscriber Nume Member Number Muther Subscriber Nume Member Number Muther Subscriber Number Muther Subscriber Number Member Number Muther Subscriber Number Member Number Muther Subscriber Muther Subscriber Number Muther Subscriber Number Muthe	-	-			. /	×	
lease review the insurance(s) we have on file. If you see your insurance here you are all set! There is no need to add it or to uploa have a new insurance please submit the updated information using 'add coverage' button. esponsibility for Payment Would you like to use insurance to pay for this appointment? ① Use insurance Do not bill insurance surance on File Prove have no insurance on file. Prove have no in	Personal Info	Insurance	Medications	Aller	gies Health Issues	Travel History	Questionnaires
esponsibility for Payment Would you like to use insurance to pay for this appointment? Use insurance Do not bill insurance Surance on File Vou have no insurance on file. You have no insurance on file. Hap Midwest Medicare Advantage subscriber Name Subscriber Number Stato6545454 Blue Cross Added Member Number Numb	lease review the insu nages. If you have a	urance(s) we have new insurance ple	on file. If you see ease submit the u	e your insu Ipdated in	irance here you are all set formation using 'add cove	! There is no need erage' button.	to add it or to uploa
Would you like to use insurance to pay for this appointment? ① Use insurance Do not bill insurance surance on File You have no insurance on file. + ADD A COVERAGE ending Review Isap Midwest Medicare Advantage lap Midwest Medicare Advantage Subscriber Name essly, Pam Subscriber Name imith Test Subscriber Number StatioEstates	esponsibility for Payn	nent					
Use insurance Do not bill insurance	Would you like to use in	surance to pay for th	is appointment? (i)			
Addee Subscriber Name Subscriber Name Subscriber Name Member Number Subscriber Name Subscriber Number Subscriber N	Use insurance Do no	ot bill insurance					
Isurance on File You have no insurance on file. ADD A COVERAGE ending Review Hap Midwest Medicare Advantage Subscriber Number Subscriber Name Subscriber Number Subscriber Name Blue Cross Added Subscriber Number Member Number Member Number Member Number Member Number Subscriber Name Su							
You have no insurance on file. + ADD A COVERAGE ending Review Hap Midwest Medicare Advantage Bubscriber Name Subscriber Name Subscriber Name Subscriber Name Blue Cross Added Subscriber Name Member Number Member Number Subscriber Name Subscriber Name Subscriber Name Subscriber Name Member Number Member Number Member Number Member Number Member Number Member Number	nsurance on File						
Hob Have No Have No Have No Have No Have ADD A COVERAGE ending Review Hap Midwest Medicare Advantage Hap Midwest Medicare Advantage Subscriber Name Subscriber Name Subscriber Name Beesly, Pam Subscriber Name Blue Cross Added Subscriber Name Member Number Subscriber Name Member Number Subscriber Name Member Number Subscriber Name Subscriber Name Member Number Subscriber Name Subscriber Name Member Number Subscriber Name Subscriber Name Subscriber Name Member Number Subscriber Name			You b	ave no in	surance on file		
ADD A COVERAGE ending Review Hap Midwest Medicare Advantage Hap Midwest Medicare Advantage Subscriber Name Subscriber Name Subscriber Name Blue Cross Added Subscriber Name Member Number Subscriber Name Member Number Subscriber Name Member Number Subscriber Name Subscriber Name Member Number Subscriber Name Subscriber Name Member Number Subscriber Name Subscriber			Tourn	avenom	surance on me.		
Blue Care Network Subscriber Number Added Subscriber Name Subscriber Number Subscriber Number Subscriber Name Subscriber Name Subscriber Number Subscriber Name Subscriber Na		Lunnacouros					
Subscriber Name Subscriber Number S4106545454 Blue Cross Added Subscriber Name Member Number Swith Test III-0301938850	ending Review	+ ADD A COVERA	GE				
Blue Cross Added Subscriber Name Member Number Smith Test IM-9391938850	Pending Review Hap Midwest Medican Hap Midwest Medicare Adv	e Advantage	GE	Removed	Blue Care Network Subscriber Name	Subscriber N	Adde umber
Subscriber Name Member Number	rending Review Hap Midwest Medican Hap Midwest Medicare Adv Subscriber Name Beesly, Pam	e Advantage antage Subscrit 5410654	GE ber Number 45454	Removed	Blue Care Network Subscriber Name Beesly, Pam	Subscriber N 12347897	Adde umber
	ending Review Hap Midwest Medican Hap Midwest Medicare Adv Subscriber Name Beesly, Pam Blue Cross	e Advantage rantage Subscri 5410654	GE ber Number 45454	Removed	Blue Care Network Subscriber Name Beesly, Pam	Subscriber N 12347897	Adde umber
	ending Review Hap Midwest Medican Hap Midwest Medicare Adv Subscriber Name Beesly, Pam Blue Cross Subscriber Name Smith, Test	e Advantage antage Subscrii 5410654 Membe	GE ber Number 45454 r Number 938850	Removed	Blue Care Network Subscriber Name Beesly, Pam	Subscriber N 12347897	Adde umber
	Pending Review Hap Midwest Medican Hap Midwest Medicare Adv Subscriber Name Beesly, Pam Blue Cross Subscriber Name Smith, Test	e Advantage rantage Subscrit 541065/ IM-9391	GE ber Number 45454 r Number 938850	Removed	Blue Care Network Subscriber Name Beesly, Pam	Subscriber N 12347897	Adde umber
This information is correct	ending Review Hap Midwest Medican Hap Midwest Medicare Adv Subscriber Name Beesly, Pam Blue Cross Subscriber Name Smith, Test	e Advantage rantage Subscri 5410654 IM-9391	GE ber Number 45454 r Number 938850	Removed	Blue Care Network Subscriber Name Beesly, Pam	Subscriber N 12347897	Adde umber
This information is correct	ending Review Hap Midwest Medican Hap Midwest Medicare Adv Subscriber Name Sesly, Pam Blue Cross Subscriber Name Smith, Test This information is c	e Advantage antage Subscri 5410654 Membe IM-9391 Sorrect	GE ber Number t5454 r Number 938850	Removed	Blue Care Network Subscriber Name Beesly, Pam	Subscriber N 12347897	Adde umber



The patient **adds medications**, **removes medications**, and **selects a pharmacy**. Then, they select the **This information is correct** checkbox.

1	-		.	1	X	
Personal Info	Insurance	Medications	Allergies	Health Issues	Travel History	Questionnaires
ease review your medic	ations and verify the	at the list is up to date	Call 911 if you have a	n emergency.		
diphenhydrAMINE 12 Commonly known as: BEI @ Learn more Take 6.25 mg by mouth	2.5 MG/5ML elixir NADRYL n every 6 hours as ne	eded for allergies.	fexofen Commor @ Learn Take 1 t	nadine 180 MG tal nly known as: ALLEG n more tablet (180 mg total	blet RA) by mouth daily.	0
	📋 Remove				Remove	
	+ ADD A MEDICAT	ION				
edications You Ask	ed to be Added					
YLENOL 325 MG Cap	s					
DLearn more tarted taking on May 13, 2	020					
1 Re	move					
6		_				
edications You Ask	ed to be Deleted	I				
orethindrone-ethiny MG-MCG per tablet commonly known as: JUN DLearn more Yrescribed: December 19, 7 comments: doctor took mo	l estradiol 1-20 EL 1/20 2019 e off of this	SHS WOUND SUPPLY ORD OLearn more Prescribed: Sept Comments: dup	GENERIC MEDICAL ER tember 30, 2019 licate	GE Ø Pre Co	NERIC MEDICAL SUI Learn more (scribed: June 28, 2019) mments: test 7/24	PPLY ORDER
O Re	store		O Restore		O Re	store
SENERIC MEDICAL SU DLearn more Yrescribed: June 24, 2019 iomments: Don't use anyr	PPLY ORDER	GENERIC MEI @Learn more Prescribed: June	DICAL SUPPLY ORD	ER		
O Re	store		O Restore			
0.14		_	0			
elect a Pharmacy fo	or This Visit					
VS 16143 IN TARGET 4890 MARSH ROAD 890 MARSH ROAD KEMOS MI 48864 17-347-9955	- OKEMOS, MI	RA DISCOUNT WV - 100 2151 100 2151 STREE NITRO W 25143 304-755-3391	PHARMACY - NITR STREET T -1740	0, 🔶 SP/ SU 992 MT. 989	ARROW REGIONAL M PPLY- MT. PLEASANT 2 S. MISSION ST. PLEASANT MI 48858 -772-7244	iedical 🚖
+ ADD A F	PHARMACY					
	_					
	orrect					
This information is c	oneer					



Step 8

The patient verifies their **Allergies**. Then, they select the **This information is correct** checkbox.

Hives Added 1/11,	/2018	Berri-fr Added 2,	reez Pain Relieving /28/2019	e e	Dog Epithelium Hives Added 6/19/2019	
Epidural 1 Hives Added 6/19,	Tray /2019	Kert Dar Added 6	nder /19/2019	<i>e</i> e	Shrimp (diagnos Added 6/19/2019	tic)
Sulfa Anti Nausea And Added 4/6/2	biotics I Vomiting, Rash 2020		+ ADD AN ALLERGY			

Step 9	The patient clicks the Sulfa Antibiotics Nausea And Vomiting, Rash Added 4/6/2020	Next button. + ADD AN ALLERGY	
	This information is correct BACK NEXT FINISH LATER	BACK TO THE HOME PAGE	
Step 10	The patient verifies the This information is co	eir Health Issues . Then, they select the p rrect checkbox.	

	moundee	Medications Allergies	Health Iss	ues Travel History	Questionnaires
ase review your health ase note that your curr ients with a current Sp	issues, and verify th rent health issues re parrow Medical Grou	hat the list is up to date. Call 911 if you h flects information currently in the Spa up PCP.	nave an emergency. rrow Electronic M	edical Record system and o	can only be updated f
HF NYHA class IV (HC Ided 2/21/2019) Learn more	:C)	Mucopurulent chronic brone Added 2/28/2019 ① Learn more	chitis (HCC)	Cough Added 11/6/2018 () Learn more	
+ ADD A HE	EALTH ISSUE				
ealth Issues You'v	e Asked to be D	eleted			
ealth Issues You'v olth Issues may be reviewed fitamin D deficiency dded 7/26/2019 D Learn more	e Asked to be Do	eleted ext relevant appointment. Cardiac arrest due to anesth preg, unsp trimester Added 8/22/2019 Comments: jsadjfasdf ① Learn more	n during	Skiing accident Added 3/27/2020 (i) Learn more	
ealth Issues You'v alth Issues may be reviewed itamin D deficiency dded 7/26/2019 D Learn more	e Asked to be D I by a clinician at your n	eleted ext relevant appointment. Cardiac arrest due to anesth preg, unsp trimester Added 8/22/2019 Comments: jsaöjfasdf ① Learn more	n during	Skiing accident Added 3/27/2020 (1) Learn more	
ealth Issues You'v olth Issues may be reviewed fitamin D deficiency dded 7/26/2019 D Learn more This information is c BACK NEXT FIN	e Asked to be D I by a clinician at your n torrect	eleted ext relevant appointment. Cardiac arrest due to anesth preg, unsp trimester Added 8/22/2019 Comments: jsadjfasdf ① Learn more	n during	Sking accident Added 3/27/2020 () Learn more	

Vitamin D deficiency Added 7/26/2019 () Learn more Cardiac arrest due to anesth during preg, unsp trimester Added 3/22/2019 Comments; jsadjfasdf () Learn more	reaction issues may be reviewed by a clinician or you	r next relevant appointment.	
U Learn more	Vitamin D deficiency Added 7/26/2019 ① Learn more	Cardiac arrest due to anesth during preg, unsp trimester Added 8/22/2019 Comments: jsadjfasdf ① Learn more	Skiing accident Added 3/27/2020 ① Learn more
This information is correct	This information is correct		

Step 12 The patient verifies **any trips they have taken outside the** country. Then, they select the This information is correct checkbox.

1	-	1	.	1	*	
Personal Info	Insurance	Medications	Allergies	Health Issues	Travel History	Questionnaire
Trips outside the Please update the trips y	e country ou have taken since	October 18, 2020.				
		You	have no trips or	n file.		
+ ADI	D A TRIP					
BACK NEXT FI	NISH LATER					

This information is correct BACK NEXT FINISH LATER	+ ADD A TRIP			
BACK NEXT FINISH LATER				
BACK NEXT FINISH LATER				
	This information is correct			



Step 14 The patient fills out the **Communicable Disease Screening** by selecting an answer for both questions. If they have no symptoms, they must select None of these to be able to click the Continue button. Then, they press Continue.

	+		1	*	<u>.</u>	
	Personal Info	Insurance	Sign Documents	Medications	Allergies	Health Issues
or	nmunicable	e Disease S	creening			
an	uncoming appointmer	at with Kristin Gaume	DO on 11/19/2020			
	apconning appointment		,			
DIC	ates a required field.					
o y	ou have any of the to Select all that apply	llowing symptoms?				
	Mana afthasa					
	Abdominal pain					
	Bruising or bleedi	ng				
	Cough					
	Diarrhea					
	Fever					
	Joint pain					
	Muscle pain					
	Rash					
	Red eye			*		
	and the second second	and a second	R			and the second s
1 th	e last month, have yo	ou been in contact w	ith someone who was co	onfirmed or suspected	to have Coronavirus	/ COVID-19?
	Yes No/Unsure					

Step 15 The patient selects **Submit**.



Step 16 The patient answers the **Safety Assessment**. Then, they select **Continue**.

	2	-	1	.	1	×	
Persor	nal Info	Insurance	Medications	Allergies	Health Issues	Travel History	Questionnaires
afety	Asse	essment					
or an upcomi	ing appo	intment with Sparrow	Family Physician, MD	on 11/18/2020			
ithin the la	st year,	have you been afraid	of your partner or e	ex-partner?			
Yes	No	Patient refused					
/ithin the la Yes	st year, No	have you been humil Patient refused	iated or emotionall	y abused in other	ways by your partn	er or ex-partner?	
/ithin the la Yes /ithin the la	st year, No st year,	have you been humil Patient refused have you been kickee	liated or emotionall d, hit, slapped, or ot	y abused in other herwise physical	ways by your partn ly hurt by your partr	er or ex-partner? er or ex-partner?	
/ithin the la Yes /ithin the la Yes	st year, No st year, No	have you been humil Patient refused have you been kicker Patient refused	liated or emotionall	y abused in other herwise physicall	ways by your partn ly hurt by your partr	er or ex-partner? her or ex-partner?	
/ithin the la Yes /ithin the la Yes /ithin the la	st year, No st year, No st year,	have you been humil Patient refused have you been kickee Patient refused have you been raped	liated or emotionall d, hit, slapped, or ot l or forced to have a	y abused in other herwise physical ny kind of sexual	ways by your partn ly hurt by your partr activity by your part	er or ex-partner? Her or ex-partner? ner or ex-partner?	

Step 17 The patient selects **Submit**.

	R					
-	1	.	1	×		
Insurance	Medications	Allergies	Health Issues	Travel History	Questionnaires	
sment						
ment with Sparrow	Family Physician, MD o	n 11/18/2020				
nses. To finish, click	Submit. Or, click any qu	estion to modify	an answer.			
		Answer				
e you been afraid of	your partner or ex-partn	ner? No				1
e you been humiliat rtner or ex-partner?	ed or emotionally abuse ?	d No				1
e you been kicked, H artner or ex-partne	nit, slapped, or otherwise r?	e No				1
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?						1
CANCEL						
	Insurance Insure	Insurance Medications Medicati	Medications Allergies Medications Allergies Medications Allergies Medications Allergies Mo Second 1/18/2020 Sec	Medications Allergies Health Issues Health Issues	Medications Allergies Health Issues Travel History Travel History Medications Med	Image: Concept Image: Provide a state of the state of

Step 18 The patient verifies their **Medical History**. Then, they select **Continue**.

eCheck-In						
1	-	*	.	1	×	
Personal Info Ins	urance Me	dications	Allergies	Health Issues	Travel History	Questionnaires
Patient Medical Histor	у					
Step 1 of 1						
Please fill out the following quest	ionnaire. When avai	lable, data is pulle	ed from your chart	-		
Social History						
Alcohol Use						
Yes Not Currently Never						
Comments:						
Sexually Active						
Tes No Not Currently						
Partners Select all that apply						
remain mate						
Birth Control / Protection Select a	I that apply	Nanhrann	alant Interfer	Insects 111	0 col contra co	tion nills Datab
Post-management	Enarminida de	napredgin (m)	d Only and a contraction	mments Lou	orai contrace;	Aure price Patch
Comments:	spermicide 5	ponge surgica	Ucher-see co	None None		
e e angenze.						
Drug Use						
Yes Not Currently Never						
Per Week						
0						
Types Select all that apply						
Alcohol - ETOH Amphetami	nes Barbiturates	Benzodiazepi	nes Cocaine	Designer Drugs	G8H Hallucing	opens Ketamine
Marijuana Methadone M	lethamphetamines	Opiates PC	P Subaxone	Synthetic Marijua	ona Other-see co	mments
Comments:						
Tobacco Use						
Current Everyday Smoker	urrent Some Day Sm	oker Never	Former Smoker	Passive Hea	vy Smoker Light	Smoker
Parksiday						
0 0.25 0.5 1 1	.5 2 3	Other (specify he	re)			
	- 1. T					
Years						
0 0.5 1 2 3	4 5	10 15 Oth	er (specify here)			
MM/DD/YYYY						
Smokeless Tobacco						
Current User Never Used	Former User					
Ready to quit						
Yes No						
Comments on your history wit	h tobacco:					
CONTINUE CANCEL						
You will have a chance to review	your answers before	submitting the qu	estionnaire.			

Step 19 The patient selects **Submit and Continue**.

Patient Medical History			
Please review your responses. To finish, c	lick Submit and Continue. To change any answe	rs, click Modify.	
Social History			
Alcohol Use Yes Drinks/Week No Response Comments:	Sexually Active Not Currently Partners Male Birth Control / Protection Condom, I.U.D. Comments:	Drug Use Not Currently Per Week 0 Types Methadone Comments:	
Tobacco Use Current Everyday Smoker Packs/day Years 0.5 4 Quit Date No Response	Smokeless Tobacco Never Used	Ready to quit No Response Comments:	

The patient has completed e-check in! The e-check in answers have been saved, and the patient can leave the Appointment Details page. Within 30 minutes of their scheduled appointment time, they will be able to select the **Begin Video Visit** button.

