

eCheck-In for Video Visits

Step 1 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.

eCheck-In

Personal Info Insurance Medications Allergies Health Issues Travel History Questionnaires

Verify Your Personal Information

Contact Information

986 NEW MOON RD
EAST LANSING MI 48823
Going somewhere for a while?
[Add a Temporary Address](#)

517-332-9693
555-555-1234
Not entered
julia.irwin@sparrow.org

Details About Me

Preferred Name
Not entered
Religion
Catholic

Marital Status
Single

This information is correct

NEXT FINISH LATER

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Step 3 The patient clicks the **Next** button.

eCheck-In

Personal Info Insurance Medications Allergies Health Issues Travel History Questionnaires

Verify Your Personal Information

Contact Information

986 NEW MOON RD
EAST LANSING MI 48823
Going somewhere for a while?
[Add a Temporary Address](#)

517-332-9693
555-555-1234
Not entered
julia.irwin@sparrow.org

Details About Me

Preferred Name
Not entered
Religion
Catholic

Marital Status
Single

This information is correct

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Step 4

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

Personal Info **Insurance** Medications Allergies Health Issues Travel History Questionnaires

Please 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 upload images. If you have a new insurance please submit the updated information using 'add coverage' button.

Responsibility for Payment

*Would you like to use insurance to pay for this appointment? ⓘ

Use insurance Do not bill insurance

Insurance on File

You have no insurance on file.

[+ ADD A COVERAGE](#)

Pending Review

Hap Midwest Medicare Advantage Hap Midwest Medicare Advantage	Removed	Blue Care Network	Added
Subscriber Name Beesly, Pam	Subscriber Number 54106545454	Subscriber Name Beesly, Pam	Subscriber Number 12347897
Blue Cross	Added		
Subscriber Name Smith, Test	Member Number IM-9391938850		

This information is correct

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

eCheck-In

Personal Info **Insurance** Medications Allergies Health Issues Travel History Questionnaires

Please 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 upload images. If you have a new insurance please submit the updated information using 'add coverage' button.

Responsibility for Payment

*Would you like to use insurance to pay for this appointment? ⓘ

Insurance on File

You have no insurance on file.

[+ ADD A COVERAGE](#)

Pending Review

Hap Midwest Medicare Advantage Hap Midwest Medicare Advantage Subscriber Name: Beesly, Pam Subscriber Number: 54106545454	Removed	Blue Care Network Subscriber Name: Beesly, Pam Subscriber Number: 12347897	Added
Blue Cross Subscriber Name: Smith, Test Member Number: IM-9391938850	Added		

This information is correct

Step 6

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

eCheck-In

Personal Info Insurance Medications Allergies Health Issues Travel History Questionnaires

Please review your medications and verify that the list is up to date. **Call 911 if you have an emergency.**

diphenhydramine 12.5 MG/5ML elixir
Commonly known as: BENADRYL
[Learn more](#)
Take 6.25 mg by mouth every 6 hours as needed for allergies.

Remove

fexofenadine 180 MG tablet
Commonly known as: ALLEGRA
[Learn more](#)
Take 1 tablet (180 mg total) by mouth daily.

Remove

+ ADD A MEDICATION

Medications You Asked to be Added

TYLENOL 325 MG Caps
[Learn more](#)
Started taking on May 13, 2020

Remove

Medications You Asked to be Deleted

norethindrone-ethinyl estradiol 1-20 MG-MCG per tablet
Commonly known as: JUNEL 1/20
[Learn more](#)
Prescribed: December 19, 2019
Comments: doctor took me off of this

Restore

SHS WOUND GENERIC MEDICAL SUPPLY ORDER
[Learn more](#)
Prescribed: September 30, 2019
Comments: duplicate

Restore

GENERIC MEDICAL SUPPLY ORDER
[Learn more](#)
Prescribed: June 28, 2019
Comments: test 7/24

Restore

GENERIC MEDICAL SUPPLY ORDER
[Learn more](#)
Prescribed: June 24, 2019
Comments: Don't use anymore

Restore

GENERIC MEDICAL SUPPLY ORDER
[Learn more](#)
Prescribed: June 19, 2019

Restore

Select a Pharmacy for This Visit

CVS 16143 IN TARGET - OKEMOS, MI ★
- 4890 MARSH ROAD
4890 MARSH ROAD
OKEMOS MI 48864
517-347-9955

RA DISCOUNT PHARMACY - NITRO, WV ★
- 100 21ST STREET
100 21ST STREET
NITRO WV 25143-1740
304-755-3391

SPARROW REGIONAL MEDICAL SUPPLY- MT. PLEASANT ★
9922 S. MISSION ST.
MT. PLEASANT MI 48858
989-772-7244

+ ADD A PHARMACY

This information is correct

BACK NEXT FINISH LATER

Step 7 The patient clicks the **Next** button.

Select a Pharmacy for This Visit

CVS 16143 IN TARGET - OKEMOS, MI - 4890 MARSH ROAD 4890 MARSH ROAD OKEMOS MI 48864 517-347-9955	★	RA DISCOUNT PHARMACY - NITRO, WV - 100 21ST STREET 100 21ST STREET NITRO WV 25143-1740 304-755-3391	★	SPARROW REGIONAL MEDICAL SUPPLY- MT. PLEASANT 9922 S. MISSION ST. MT. PLEASANT MI 48858 989-772-7244	★
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+ ADD A PHARMACY

This information is correct

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Step 8 The patient verifies their **Allergies**. Then, they select the **This information is correct** checkbox.

eCheck-In

Personal Info Insurance Medications **Allergies** Health Issues Travel History Questionnaires

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.

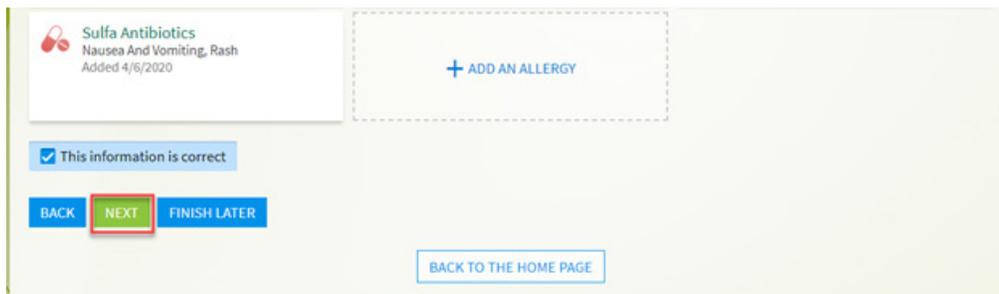
Latex Hives Added 1/11/2018	Berri-freez Pain Relieving Added 2/28/2019	Dog Epithelium Hives Added 6/19/2019
Epidural Tray Hives Added 6/19/2019	Pet Dander Added 6/19/2019	Shrimp (diagnostic) Added 6/19/2019
Sulfa Antibiotics Nausea And Vomiting, Rash Added 4/6/2020	+ ADD AN ALLERGY	

This information is correct

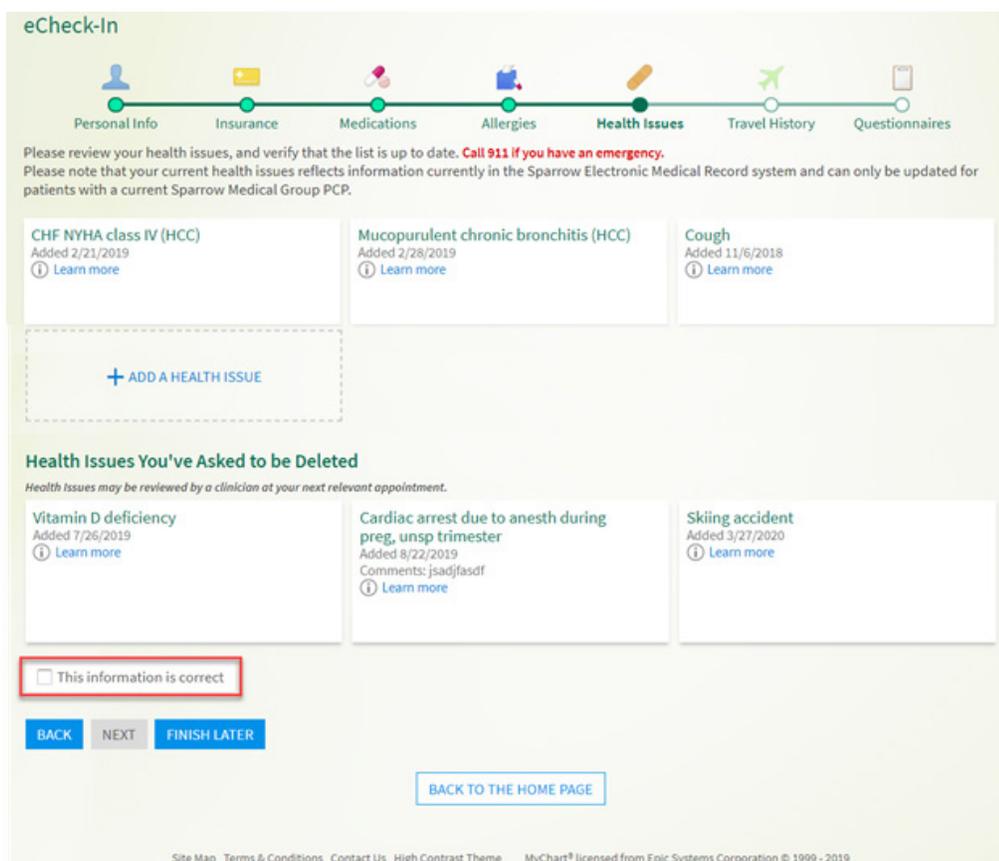
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Step 9 The patient clicks the **Next** button.



Step 10 The patient verifies their **Health Issues**. Then, they select the **This information is correct** checkbox.



Step 11 The patient clicks the **Next** button.

Health Issues You've Asked to be Deleted
Health Issues may be reviewed by a clinician at your next relevant appointment.

Vitamin D deficiency Added 7/26/2019 Learn more	Cardiac arrest due to anesthetic during preg, unsp trimester Added 8/22/2019 Comments: jsadjfasdf Learn more	Skiing accident Added 3/27/2020 Learn more
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This information is correct

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

eCheck-In

Personal Info Insurance Medications Allergies Health Issues **Travel History** Questionnaires

Trips outside the country
Please update the trips you have taken since October 18, 2020.

You have no trips on file.

[+ ADD A TRIP](#)

This information is correct

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Step 13 The patient clicks the **Next** button.

[+ ADD A TRIP](#)

This information is correct

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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**.

eCheck-In

Personal Info Insurance Sign Documents Medications Allergies Health Issues

Communicable Disease Screening

For an upcoming appointment with **Kristin Gaumer, DO** on 11/19/2020

* Indicates a required field.

* Do you have any of the following symptoms?
Select all that apply.

- None of these
- Abdominal pain
- Bruising or bleeding
- Cough
- Diarrhea
- Fever
- Joint pain
- Muscle pain
- Rash
- Red eye

* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Yes No / Unsure

CONTINUE CANCEL

Step 15 The patient selects **Submit**.

eCheck-In

Personal Info Insurance Sign Documents Medications Allergies Health Issues

Communicable Disease Screening

For an upcoming appointment with **Kristin Gaumer, DO** on 11/19/2020

Please review your responses. To finish, click **Submit**. Or, click any question to modify an answer.

Question	Answer
Do you have any of the following symptoms?	None of these
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure

BACK SUBMIT CANCEL

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

eCheck-In

Personal Info Insurance Medications Allergies Health Issues Travel History Questionnaires

Safety Assessment

For an upcoming appointment with **Sparrow Family Physician, MD** on 11/18/2020

Within the last year, have you been afraid of your partner or ex-partner?

Yes No Patient refused

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?

Yes No Patient refused

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?

Yes No Patient refused

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

Yes No Patient refused

CONTINUE **CANCEL**

Step 17 The patient selects **Submit**.

eCheck-In

Personal Info Insurance Medications Allergies Health Issues Travel History Questionnaires

Safety Assessment

For an upcoming appointment with **Sparrow Family Physician, MD** on 11/18/2020

Please review your responses. To finish, click **Submit**. Or, click any question to modify an answer.

Question	Answer
Within the last year, have you been afraid of your partner or ex-partner?	No ✓
Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	No ✓
Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	No ✓
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	No ✓

BACK **SUBMIT** **CANCEL**

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

eCheck-In

Personal Info Insurance Medications Allergies Health Issues Travel History Questionnaires

Patient Medical History

Step 1 of 1
Please fill out the following questionnaire. When available, data is pulled from your chart.

Social History

Alcohol Use
 Yes Not Currently Never
Comments:

Sexually Active
 Yes No Not Currently

Partners Select all that apply
 Female Male

Birth Control / Protection Select all that apply
 Abstinence Coitus interruptus Condom Diaphragm Implant Injection Inserts I.U.D. Oral contraceptive pills Patch
 Post-menopausal Rhythm Spermicide Sponge Surgical Other-see comments None
Comments:

Drug Use
 Yes Not Currently Never

Per Week

Types Select all that apply
 Alcohol - ETOH Amphetamines Barbiturates Benzodiazepines Cocaine Designer Drugs GBH Hallucinogens Ketamine
 Marijuana Methadone Methamphetamines Opiates PCP Suboxone Synthetic Marijuana Other-see comments
Comments:

Tobacco Use
 Current Everyday Smoker Current Some Day Smoker Never Former Smoker Passive Heavy Smoker Light Smoker

Packs/day
 Other (specify here)

Years
 Other (specify here)

Quit Date
MM/DD/YYYY

Smokeless Tobacco
 Current User Never Used Former User

Ready to quit
 Yes No

Comments on your history with tobacco:

You will have a chance to review your answers before submitting the questionnaire.

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

eCheck-In

Patient Medical History

Please review your responses. To finish, click **Submit and Continue**. To change any answers, click **Modify**.

Social History

<u>Alcohol Use</u> Yes Drinks/Week No Response Comments:	<u>Sexually Active</u> Not Currently Partners Male Birth Control / Protection Condom, I.U.D. Comments:	<u>Drug Use</u> Not Currently Per Week 0 Types Methadone Comments:
<u>Tobacco Use</u> Current Everyday Smoker Packs/day Years 0.5 4 Quit Date No Response	<u>Smokeless Tobacco</u> Never Used	<u>Ready to quit</u> No Response Comments:

MODIFY **SUBMIT AND CONTINUE** **CANCEL**

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.

Appointment Details 

Thanks for Using eCheck-In!
The information you've submitted is now on file.



Video Visit with Sparrow
Family Physician, MD

Get ready for your visit!

CONFIRM **BEGIN VIDEO VISIT**

Let staff know you don't need a reminder call. You cannot join the video visit at this time.