

Updated: 08.23.2024

Teladoc/Solo Patient Instructions When Utilizing a Mobile Device For Adult New Patient Telehealth/Virtual Care Appointments

Checking in to Your Telehealth Appointment/Virtual Visit

1. Once a telehealth appointment/virtual visit has been scheduled for you, you should receive a text message notification that looks similar to the one below:



2. You can check in/log in to your appointment up to 15 minutes prior to the appointment time. To do this, click on the link that is included in the text message that was sent to your phone.







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3. Once you click on this link, it should take you to a page that looks like the one below. Click on "Check In".



4. Your phone will most likely ask you if you would like "patient.visitnow.org" to use your current location. Click "Allow".



5. You will then move on to the Consent to Treat form. Once you have read through the form/information, click "Sign".

Consent to Treatment	0
SIU CONSENT TO TRE	AT &
POLICY AND PROCEDU	JRES
CONSENT TO TREATMENT	
I hereby consent to the treatr	ment as
determined necessary by SIU	
Physicians & Surgeons, Inc. ar School of Medicine. (collective	nd the SIU elv
referred to in this consent for	m as SIU). I
authorize SIU providers and t	heir staff,
including, students, interns, i	residents,
fellows, and other healthcare	
professionals responsible for	my care, to
provide medical care, tests, p	rocedures,
(including but not limited to,	
intravenous (IV) catheter plac	ement,
urinary catheter placement,	
medications, services and sup	opnes
These services may include h	n(s)).
limited to injections minor s	kin
surgery vaccinations skin tar	/mole
removal, and/or incision and	drainage, I
understand and authorize filr	nor
photography as necessary for	my
	_
Sign	\rightarrow



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6. A pop up should appear that looks like the one below. If you wish to type your signature, you can simply tap on the box and a keyboard should pop up that allows you to type your name. However, if you wish to actually sign your name, click on "Draw to Sign".



7. Once you have completed signing, click "Sign".







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8. You will then be asked if you are the patient that this appointment is for. If you are, click "Yes", but if you are completing this check in process for someone other than yourself, click "No".



9. You will then be taken to SIU's Privacy Practices document/form. Once you have read through the Privacy Practices document/form, click "Sign".





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10. A pop up should appear that looks like the one below. If you wish to type your signature, you can simply tap on the box and a keyboard should pop up that allows you to type your name. However, if you wish to actually sign your name, click on "Draw to Sign".



11. Once you have completed signing, click "Sign".







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12. If you are a new adult patient, you will now be prompted to provide information about your medical history. The first question will ask if you are being seen for your annual exam or for a new patient consultation. Select the appropriate response.



13. You will then be asked the reason for your visit. Type the reason for your visit into the text box. Click "Continue".

← Patient History	
Visit Reason	
Testing	
Continue	

14. You will then be asked to provide allergy information. Select all that apply. Click "Continue".

← Patient History	0
Allergies	
None	
Morphine	
Ibuprofen	
Aspirin	
Penicillin/Amoxicillin	
Cephalosporin	
Sulfa	
Continue	÷



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15. You will then be asked to provide information about past medical conditions. Select all that apply. Click "Continue".



16. You will then be asked to provide information about your surgical history. Select all that apply. Click "Continue".

← Patient History	0
Past Surgical History	
None	
Colectomy	
CABG (Bypass Surgery)	
Cholecystectomy	
Hysterectomy	
Tonsillectomy	
Appendectomy	
Continue	→

17. You will then be asked about your gender identity. Select your response. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.

← Patient History	0
Gender Identity	
Woman/Girl	0
Mart/Boy	0
Transgender Woman/Girl	0
Transgender Man/Boy	0
Non-Binary	0
Unknown	0
Choose not to disclose	0
Continue	\rightarrow



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18. You will then be asked about your sexual orientation. Select your response. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.



19. You will then be asked a series of questions regarding social determinants of health. Select each appropriate response, according to how you feel. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.

← Social Determinants of Health	← Social Determinants of Health ①	← Social Determinants of Health ●	← Social Determinants of Health ①
Do you feel safe in your neighborhood? Ves	Do you feel safe in your home?	Do you currently feel threatened by your partner?	Did you experience any domestic violence in the past?
No	No	No	No
Continue >	Continue	Continue >	Continue



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20. You will then be asked which county you live in. Select the correct response. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.



21. You will then be asked "In the past 12 months, have you experienced difficulty with any of the following?". Select any and all of the responses according to your current situation. Click "Continue".

← Patient History	0	
In the past 12 months, have you experienced difficulty with any of the following?		
No electricity		
No heat		
No water		
Food and/or clothing		
Limited income		
Financial debt		
Continue	\rightarrow	



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22. You will then be asked to provide information regarding your Family Medical History. Select the appropriate/correct responses. Click "Continue".



23. You will then be asked about your social history: alcohol use, tobacco use, and illicit drug use. Select each response according to your level of consumption. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.

← Social History	← Social History	← Social History
Alcohol:	Tobacco:	Illicit Drugs:
Never	Never	Never
Daily	Current	Current
Social	Former	Former
		and an a
Continue	Continue	Continue





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24. You will then be asked if you use any assistive devices. Select your response. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.



25. You will then be asked about your current military/housing/immigration status. Select all appropriate responses. Click "Continue".

← Social History	0
Please select all that apply:	
None apply to me	
Recent Immigrant	
Migrant Worker	
Healthcare Worker	
Homeless	
Armed Forces, Veteran	
Military, active duty	
Continue	\rightarrow





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26. You will then be asked about your advanced directives. Select your response. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.



27. You will then be asked about your household income. Select your response. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.

← Social History	0
Household Income:	
\$10,001-\$20,000	0
\$20,001-\$30,000	0
\$30,001-\$40,000	0
\$40,001-\$50,000	0
\$50,001-\$60,000	0
\$60,001-\$70,000	0
\$70,001-\$80,000	0
Continue	\rightarrow



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28. You will then be asked about your level of education. Select your response. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.

← Social History	0
Education Level Completed:	
Some High School	0
High School	0
Some College	0
College	0
Trade School	0
Graduate School	0
Continue	\rightarrow

29. You will then be asked about Review of Systems. Select all that apply. Click "Continue".

2:53 Messages	al † 63
← Review of Systems	0
General	
Cardiac – heart symptoms	
Neurological – nervous system	
Eyes – eye symptoms	
Ear, Nose, Throat	
Respiratory – lungs/breathing	
Endocrine – hormone systems	
Continue	÷



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30. You will be given a general list of symptoms. Click any and all that apply. Click "Continue".

← Review of Systems	0
General	
Other	
Weight loss	
Weight gain	
Fever	
Chills	
Fatigue	
Night sweats	
Continue	÷

31. You will then be prompted to complete the PHQ-2. This is a depression screening tool. Select your response to each question. You do **not** need to click "Continue", as you should automatically move to the next question after selecting your response.

← PHQ-2	← PHQ-2	
Over the past 2 weeks, have you had little interest or pleasure in doing things?	Over the past 2 weeks, have you been feeling down, depressed, or hopeless?	
Not at all	Not at all	
Several Days	Several Days	
More than half the days	More than half the days	
Nearly every day	Nearly every day	
Continue $ ightarrow$	Continue \rightarrow	



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32. You will then be prompted to complete a Fall Screening. Select your response. You do **not** need to click "Continue", as you should automatically move to the next page after selecting your response.



33. Once you have completed all of the Patient History, you should be taken to a screen that looks similar to this. It may take a few seconds for your browser/device to complete a connectivity test. Once the connectivity test is complete, the "Proceed" button will turn purple. Click "Proceed".





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34. Your screen should now look similar to the image below.



35. Congratulations, you have successfully checked in to your telehealth appointment! Your provider/clinician will be with you shortly.

