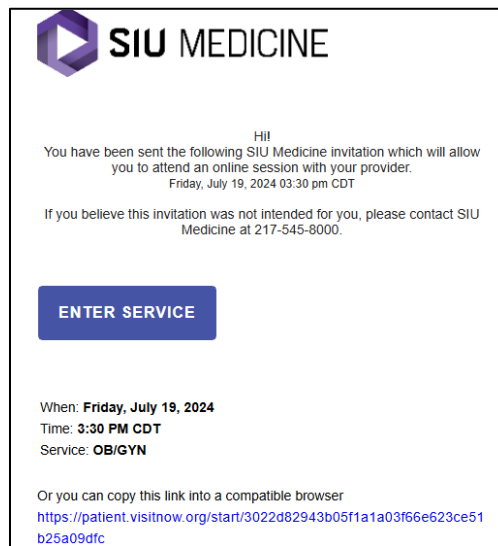


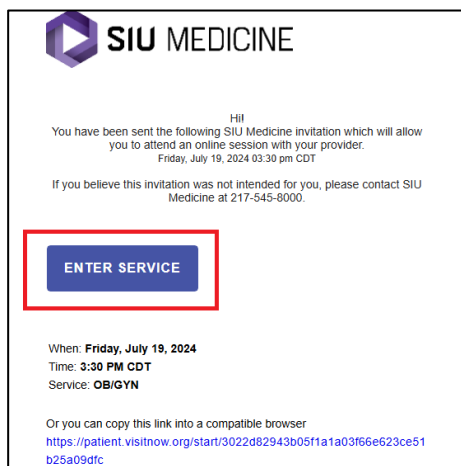
# Teladoc/Solo Patient Instructions When Utilizing a Computer For Adult New Patient Telehealth/Virtual Care Appointments

## Checking in to Your Telehealth Appointment/Virtual Visit

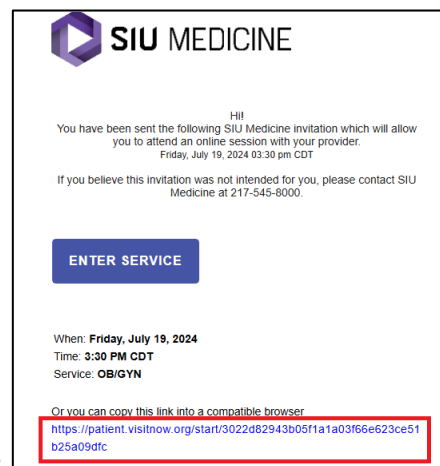
1. Once a telehealth appointment/virtual visit has been scheduled for you, you should receive an email notification that looks similar to the one below:



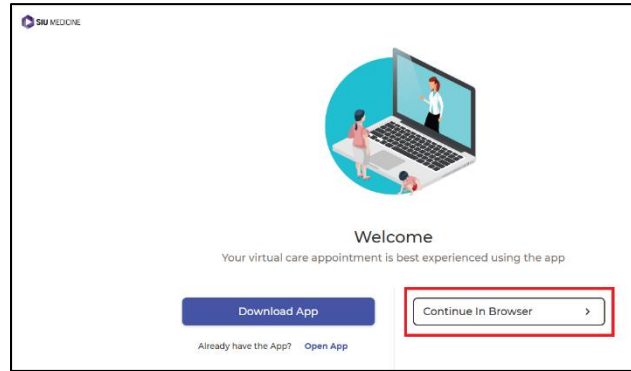
2. You can check in/log in to your appointment up to 15 minutes prior to the appointment time. To do this, click on "Enter Service" or copy and paste the link/URL into your desired Internet browser.



OR



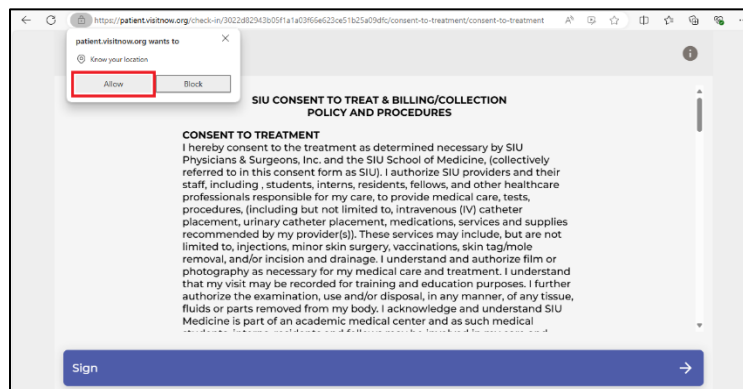
3. Once you complete the above step, you should see a screen that looks like this. Click on “Continue In Browser”.



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



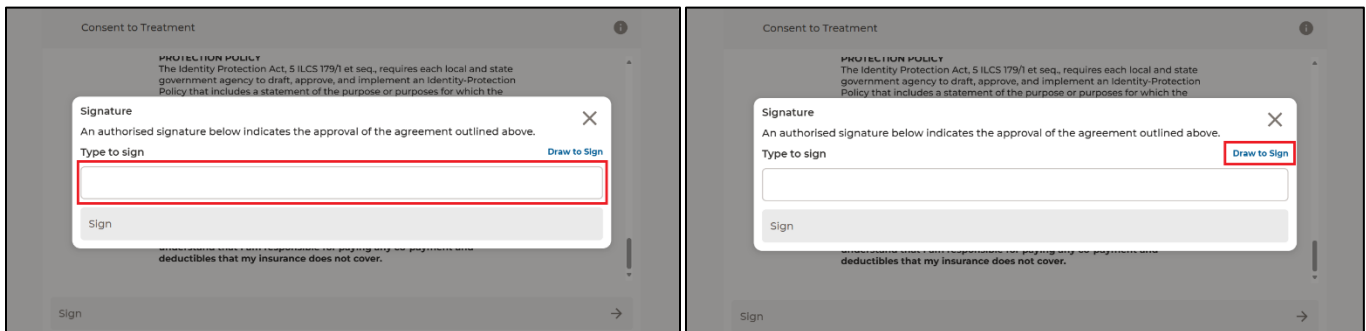
5. Your Internet browser will most likely ask you if you would like “patient.visitnow.org” to know your current location. Click “Allow”.



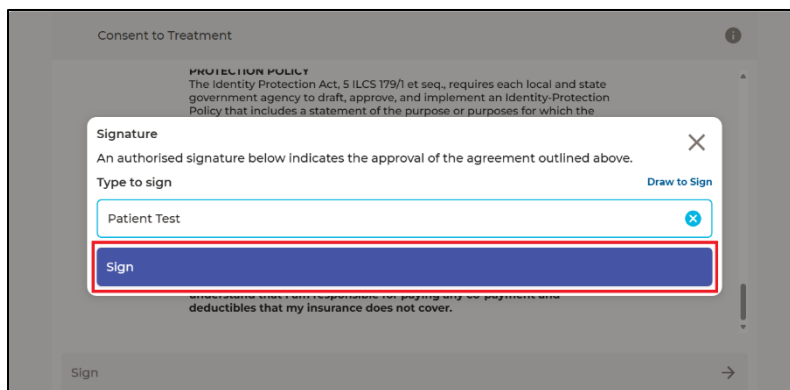
6. You will then move on to the Consent to Treat form. Once you have read through the form/information. Click “Sign”.



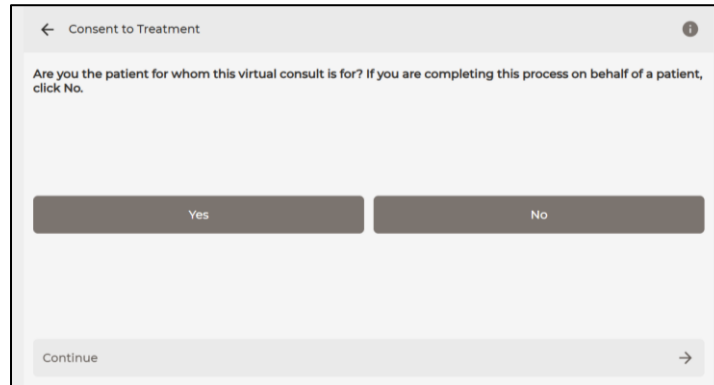
7. A pop up should appear that looks like the one below. If you wish to type your signature, you can simply click on the box and type your name. However, if you are on a touchscreen computer and wish to actually sign your name, click on “Draw to Sign”.



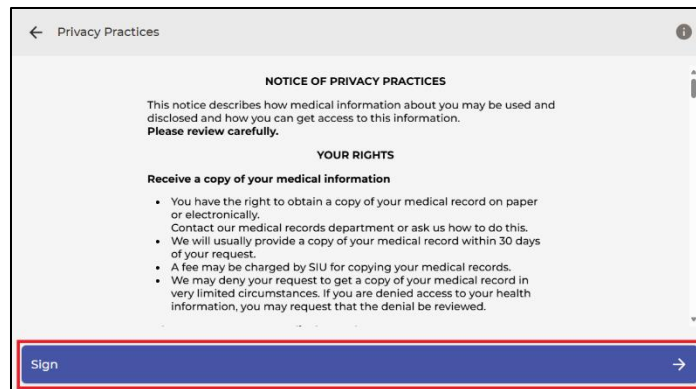
8. Once you have completed signing, click “Sign”.



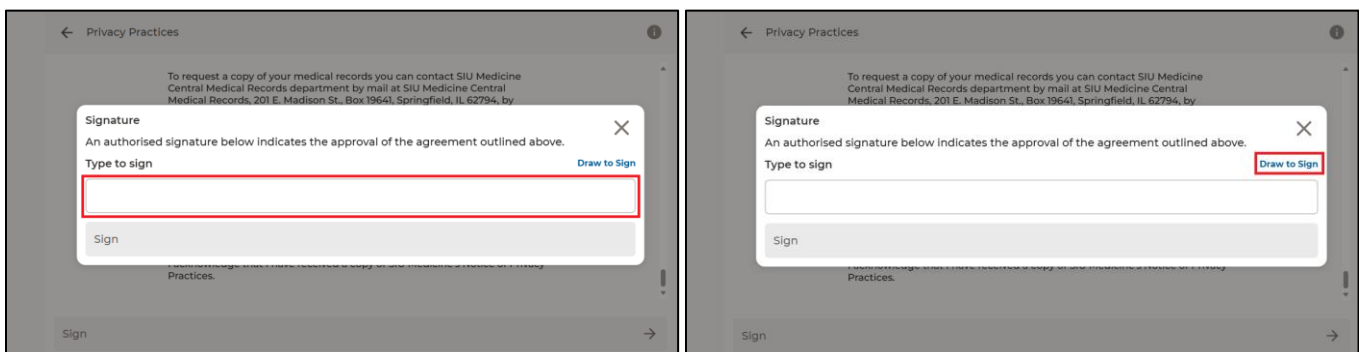
9. You will then be asked if you are the patient that this appointment is for. If you are, click “Yes”, but if you are completing this check in process for someone other than yourself, click “No”.



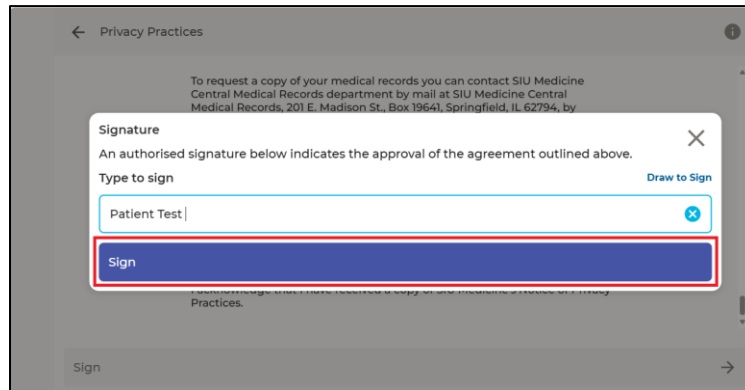
10. You will then be taken to SIU’s Privacy Practices document/form. Once you have read through the Privacy Practices document/form, click “Sign”.



11. 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 are on a touchscreen computer and wish to actually sign your name, click on “Draw to Sign”.



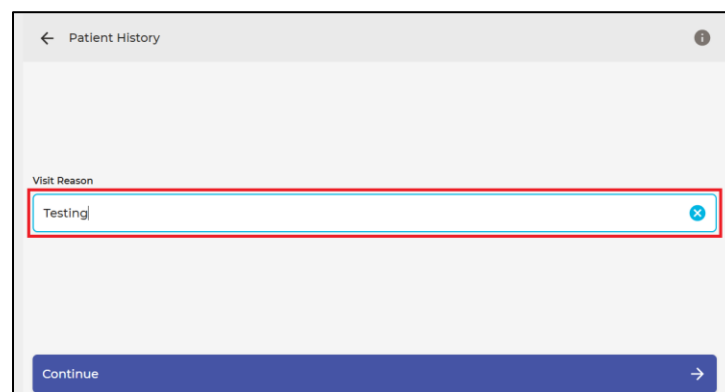
12. Once you have completed signing, click “Sign”.



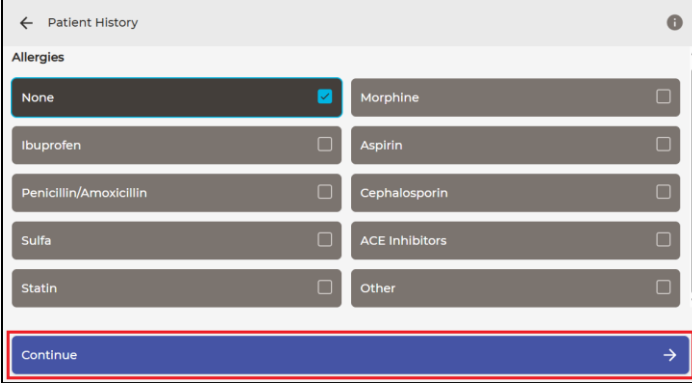
13. If you are a new patient, you will now be prompted to provide information about your medical history. The first question will ask if you are being seen for your annual exam or for a new patient consultation. Select the appropriate response.



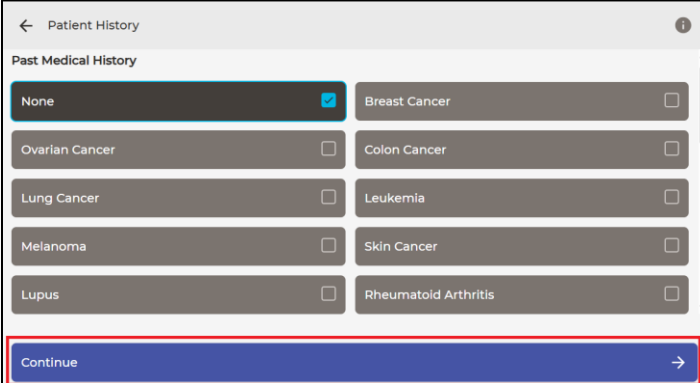
14. You will then be asked the reason for your visit. Type the reason for your visit into the text box. Click “Continue”.



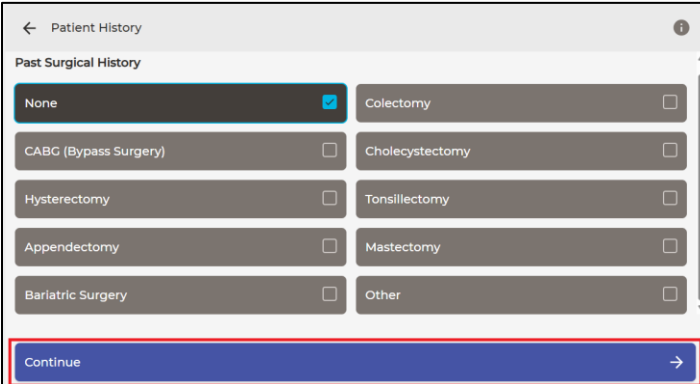
15. You will then be asked to provide allergy information. Select all that apply. Click “Continue”.



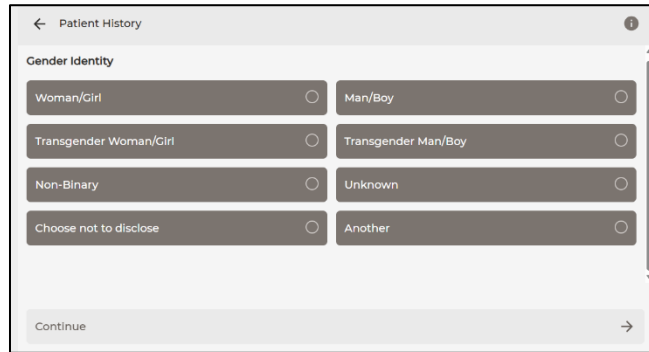
16. You will then be asked to provide information about past medical conditions. Select all that apply. Click “Continue”.



17. You will then be asked to provide information about your surgical history. Select all that apply. Click “Continue”.

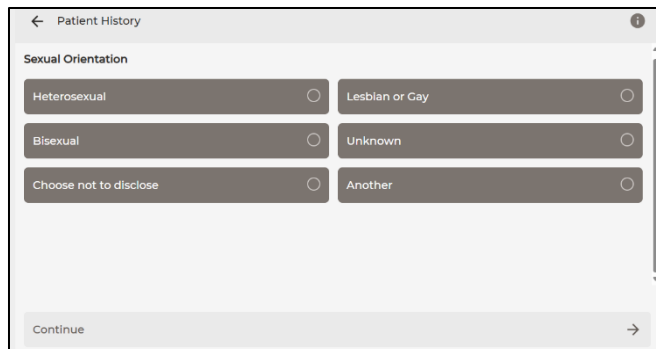



18. You will then be asked about your gender identity. Select your response. You do **not** need to click “Continue”, as you should automatically move to the next page after selecting your response.



The screenshot shows a mobile application interface titled "Patient History". Under the heading "Gender Identity", there are eight radio button options arranged in two columns: "Woman/Girl", "Man/Boy", "Transgender Woman/Girl", "Transgender Man/Boy", "Non-Binary", "Unknown", "Choose not to disclose", and "Another". A "Continue" button with a right-pointing arrow is located at the bottom right of the form.

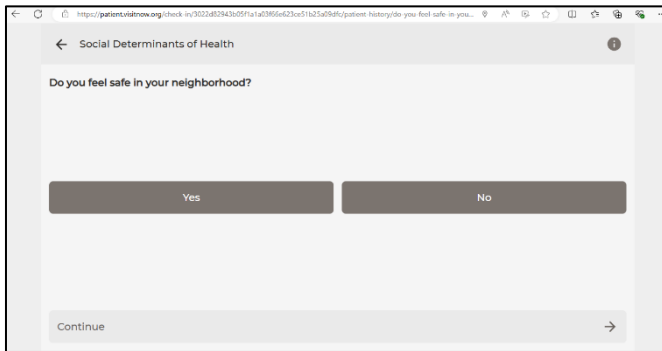
19. You will then be asked about your sexual orientation. Select your response. You do **not** need to click “Continue”, as you should automatically move to the next page after selecting your response.



The screenshot shows a mobile application interface titled "Patient History". Under the heading "Sexual Orientation", there are six radio button options arranged in two columns: "Heterosexual", "Lesbian or Gay", "Bisexual", "Unknown", "Choose not to disclose", and "Another". A "Continue" button with a right-pointing arrow is located at the bottom right of the form.



20. You will then be asked a series of questions regarding the 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.

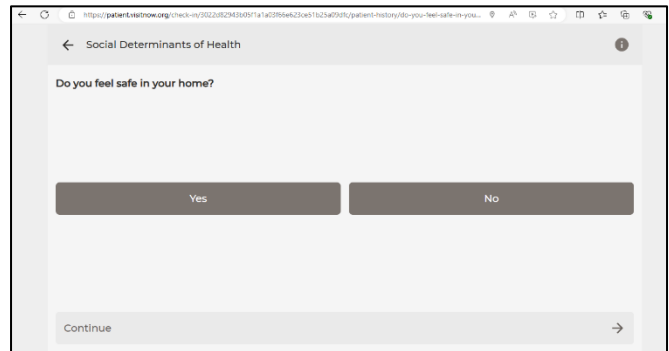


← Social Determinants of Health ⓘ

Do you feel safe in your neighborhood?

Yes No

Continue →

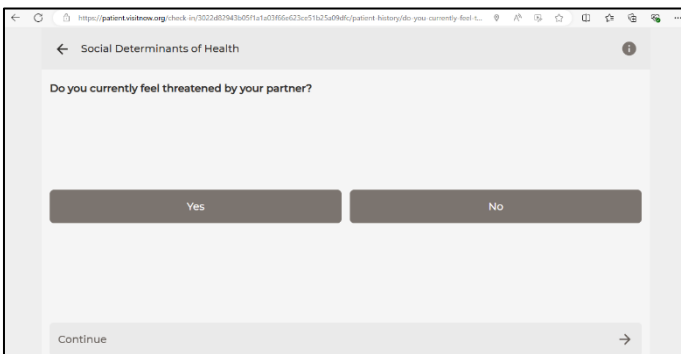


← Social Determinants of Health ⓘ

Do you feel safe in your home?

Yes No

Continue →

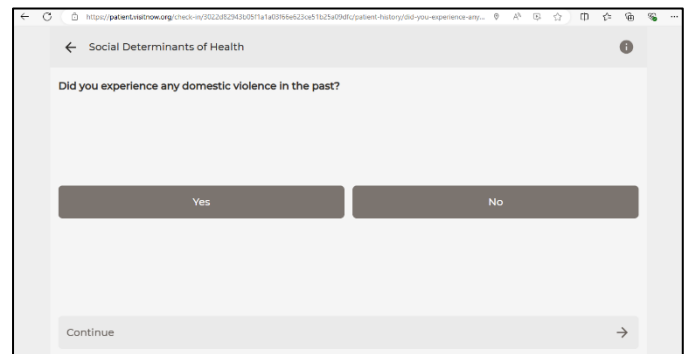


← Social Determinants of Health ⓘ

Do you currently feel threatened by your partner?

Yes No

Continue →

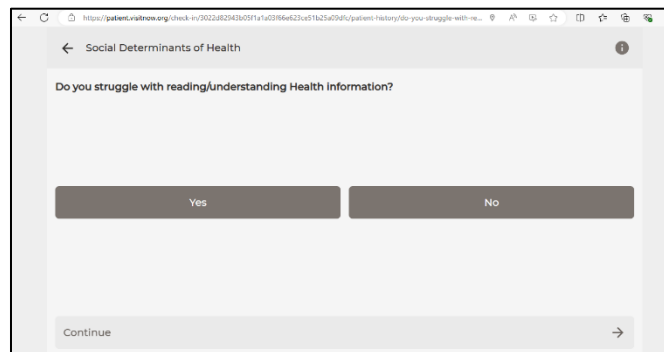


← Social Determinants of Health ⓘ

Did you experience any domestic violence in the past?

Yes No

Continue →



← Social Determinants of Health ⓘ

Do you struggle with reading/understanding Health information?

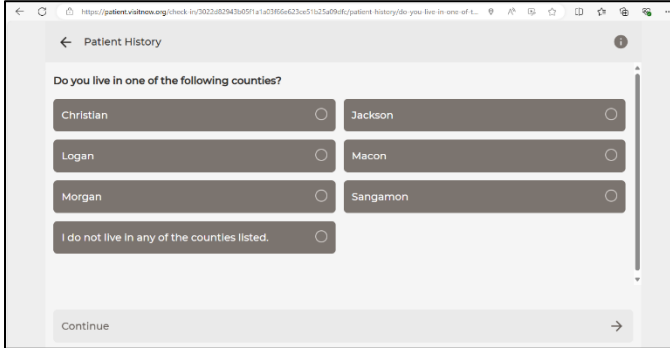
Yes No

Continue →





21. 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.



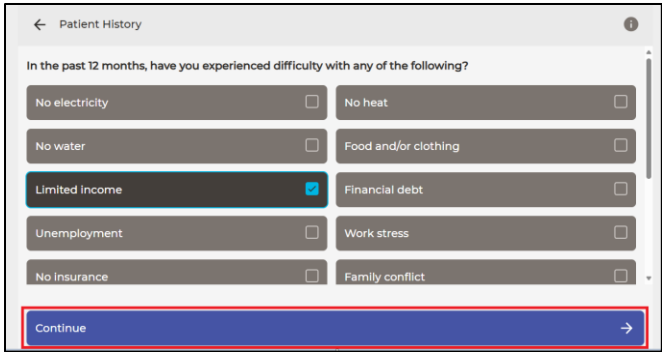
← Patient History

Do you live in one of the following counties?

Christian <input type="radio"/>	Jackson <input type="radio"/>
Logan <input type="radio"/>	Macon <input type="radio"/>
Morgan <input type="radio"/>	Sangamon <input type="radio"/>
I do not live in any of the counties listed. <input type="radio"/>	

Continue →

22. 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”.



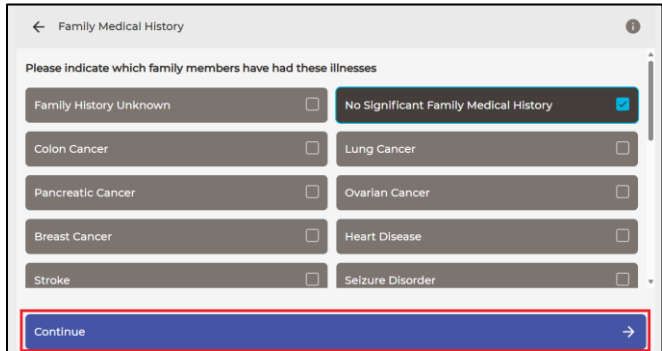
← Patient History

In the past 12 months, have you experienced difficulty with any of the following?

No electricity <input type="checkbox"/>	No heat <input type="checkbox"/>
No water <input type="checkbox"/>	Food and/or clothing <input type="checkbox"/>
Limited Income <input checked="" type="checkbox"/>	Financial debt <input type="checkbox"/>
Unemployment <input type="checkbox"/>	Work stress <input type="checkbox"/>
No Insurance <input type="checkbox"/>	Family conflict <input type="checkbox"/>

Continue →

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



← Family Medical History

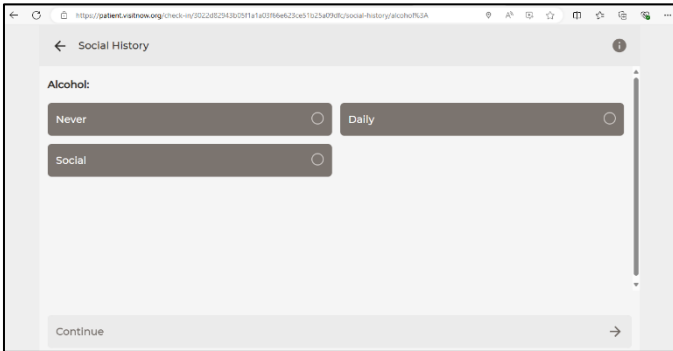
Please indicate which family members have had these illnesses

Family History Unknown <input type="checkbox"/>	No Significant Family Medical History <input checked="" type="checkbox"/>
Colon Cancer <input type="checkbox"/>	Lung Cancer <input type="checkbox"/>
Pancreatic Cancer <input type="checkbox"/>	Ovarian Cancer <input type="checkbox"/>
Breast Cancer <input type="checkbox"/>	Heart Disease <input type="checkbox"/>
Stroke <input type="checkbox"/>	Seizure Disorder <input type="checkbox"/>

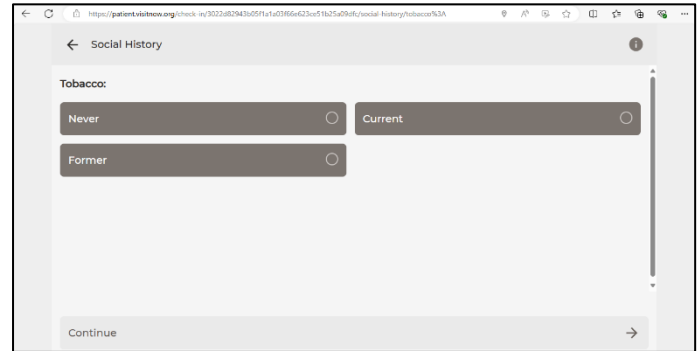
Continue →



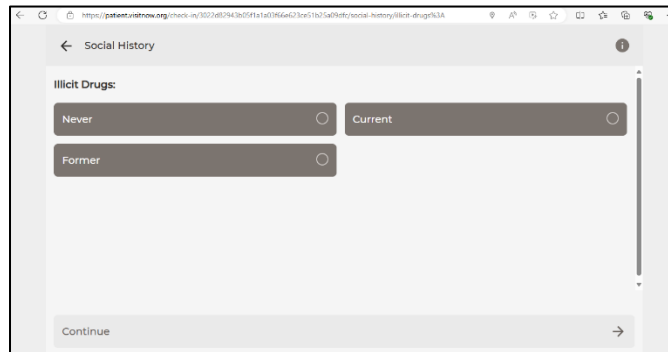
24. You will then be asked about your social history: alcohol use, tobacco use, and illicit drug use. Select each response according to your level of consumption. You do **not** need to click “Continue”, as you should automatically move to the next page after selecting your response.



Screenshot of the Social History form for Alcohol use. The form is titled "Social History" and has a back arrow and an information icon. Under the heading "Alcohol:", there are three radio button options: "Never", "Daily", and "Social". The "Daily" option is selected. At the bottom, there is a "Continue" button with a right-pointing arrow.

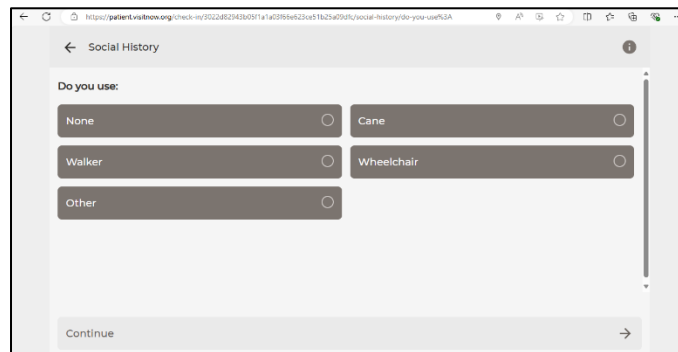


Screenshot of the Social History form for Tobacco use. The form is titled "Social History" and has a back arrow and an information icon. Under the heading "Tobacco:", there are three radio button options: "Never", "Former", and "Current". The "Current" option is selected. At the bottom, there is a "Continue" button with a right-pointing arrow.



Screenshot of the Social History form for Illicit Drugs use. The form is titled "Social History" and has a back arrow and an information icon. Under the heading "Illicit Drugs:", there are three radio button options: "Never", "Former", and "Current". The "Current" option is selected. At the bottom, there is a "Continue" button with a right-pointing arrow.

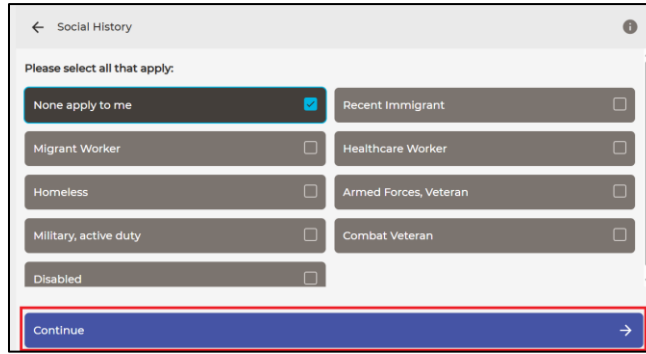
25. You will then be asked if you use any assistive devices. Select your response. You do **not** need to click “Continue”, as you should automatically move to the next page after selecting your response.



Screenshot of the Social History form for Assistive Devices use. The form is titled "Social History" and has a back arrow and an information icon. Under the heading "Do you use:", there are five radio button options: "None", "Walker", "Other", "Cane", and "Wheelchair". The "None" option is selected. At the bottom, there is a "Continue" button with a right-pointing arrow.



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



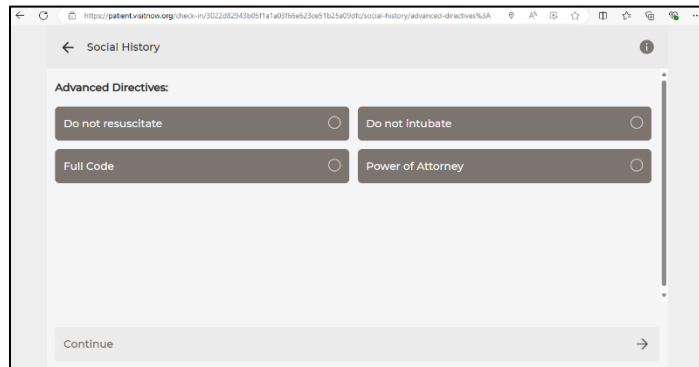
Social History

Please select all that apply:

None apply to me <input checked="" type="checkbox"/>	Recent Immigrant <input type="checkbox"/>
Migrant Worker <input type="checkbox"/>	Healthcare Worker <input type="checkbox"/>
Homeless <input type="checkbox"/>	Armed Forces, Veteran <input type="checkbox"/>
Military, active duty <input type="checkbox"/>	Combat Veteran <input type="checkbox"/>
Disabled <input type="checkbox"/>	

Continue →

27. 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.



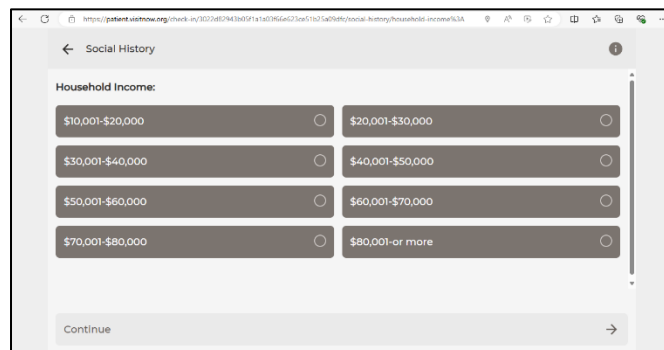
Social History

Advanced Directives:

Do not resuscitate <input type="radio"/>	Do not intubate <input type="radio"/>
Full Code <input type="radio"/>	Power of Attorney <input type="radio"/>

Continue →

28. 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

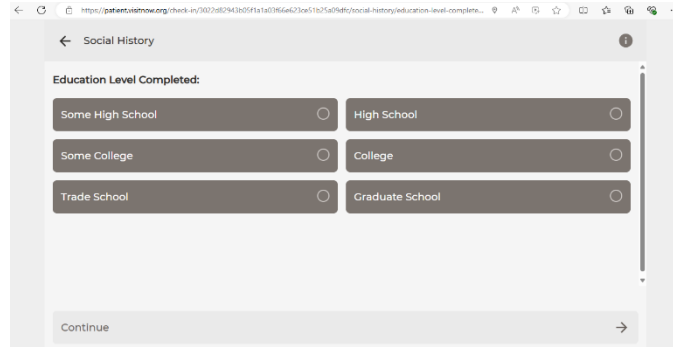
Household Income:

\$10,001-\$20,000 <input type="radio"/>	\$20,001-\$30,000 <input type="radio"/>
\$30,001-\$40,000 <input type="radio"/>	\$40,001-\$50,000 <input type="radio"/>
\$50,001-\$60,000 <input type="radio"/>	\$60,001-\$70,000 <input type="radio"/>
\$70,001-\$80,000 <input type="radio"/>	\$80,001-or more <input type="radio"/>

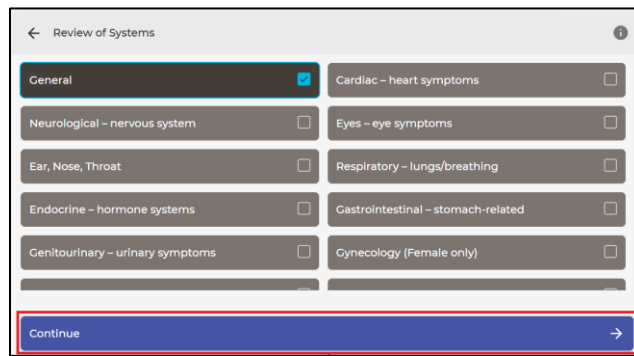
Continue →



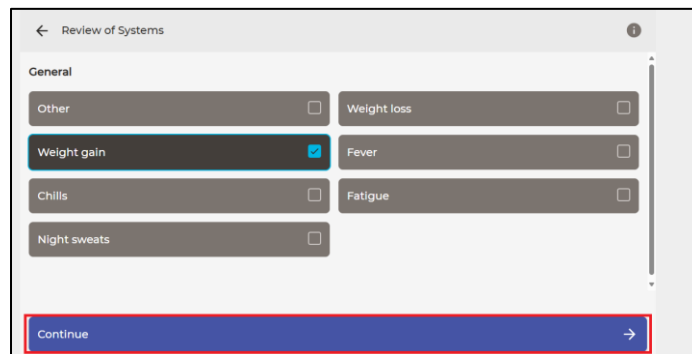
29. You will then be asked about your level of education. Select your response. You do **not** need to click “Continue”, as you should automatically move to the next page after selecting your response.



30. You will then be asked about Review of Systems. Select all that apply. Click “Continue”.

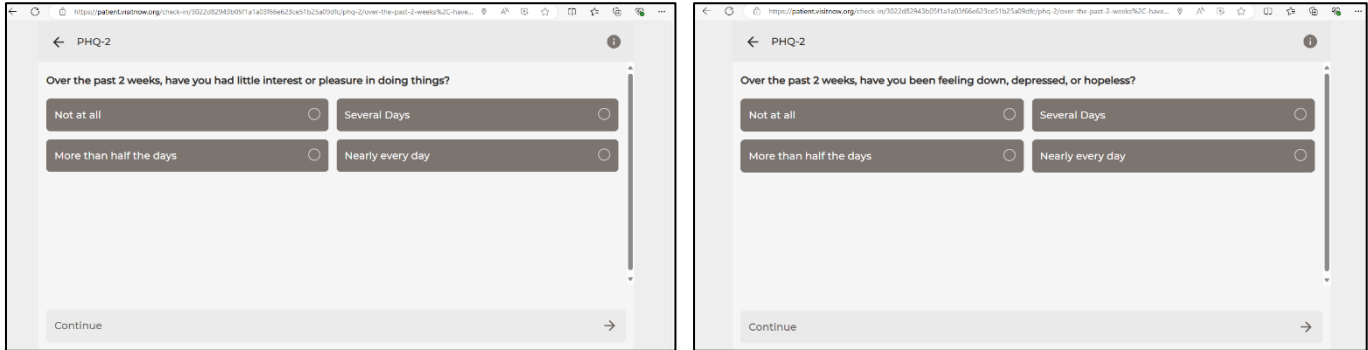


31. You will then be given a general list of symptoms. Click any and all that apply. Click “Continue”.

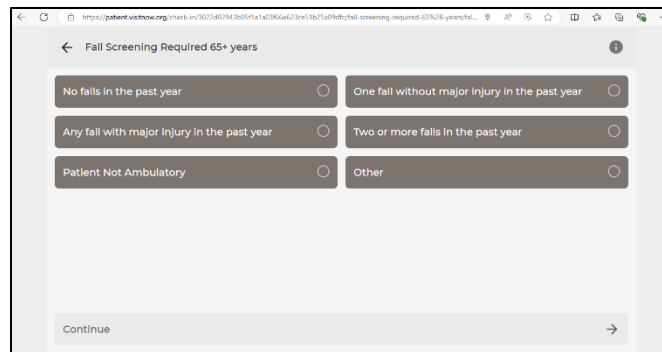


Updated: 08.22.2024

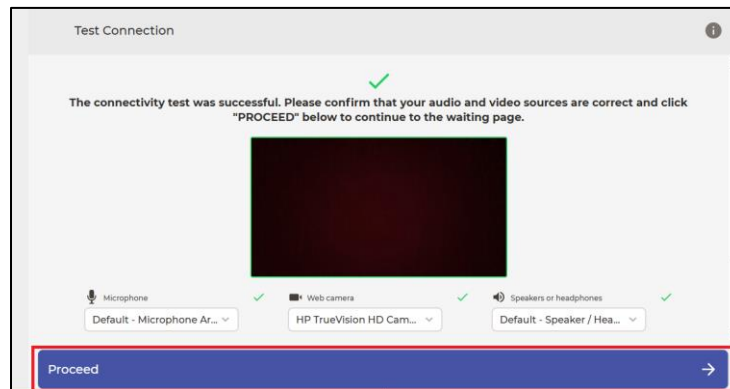
32. You will then be prompted to complete the PHQ-2. This is a depression screening tool. Select your response to each question. You do **not** need to click “Continue”, as you should automatically move to the next question after selecting your response.



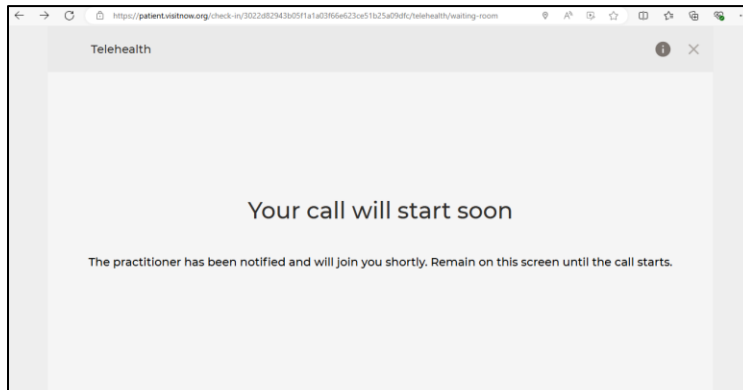
33. You will then be prompted to complete a Fall Screening. Select your response. You do **not** need to click “Continue”, as you should automatically move to the next page after selecting your response.



34. 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”.



35. Your screen should now look similar to this.



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

