Checking In to an Appointment

07/24/2024 1:10 pm EDT

Patients can check in for their appointments through the OnPatient app and complete their onboarding before they arrive at the office or start a video visit.

1. To begin, navigate to the Appointments menu.

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	My Health Record	
	Jenny Harris	
	Medications	>
+	Medical Conditions	>
*	Allergies	>
Д	Lab Result	>
A.	Immunizations	>



2. Under Upcoming Appointments tap Check-In.





3. Patients can edit any individual section by selecting the pencil (

) icon. Tapping Edit All will take section by section to enter or edit information.

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×	Summary	>Edit All
Profile Photo		\rightarrow /
Name & Gender		1
Name Jenny Harris		
Nickname Jen		
Sex Female		
Gender Identity Unknown		
Sexual Orientation		
Address		1
1001 N Rengstorff		
	nish Check-	·In

4. The check-in process will take the patient through several screens to enter information. Selecting **Next** will take you to the next section. Fields marked with an (*) are required. At any time they can select the home (

A

) icon to return to the main screen above. For more information on setting up OnPatient forms for check-in, see our article here.

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f	Profile	Photo		f	Name & Gender		f	Addres	s			
	Back	Next		Back		Next	Ba	ick	Next			
				First Name *			Street Addre	ess Line 1				
				Jenny			1001 N Rer	gstorff Ave				
				Last Name *			Street Addre	ess Line 2				
		0		Harris								
	The	-		Middle Name	Suffix							
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White				Work Phone			Husband		"			
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				sample@sa	mple.com							
Social Se												

5. The following areas may vary depending on how they are customized by the practice.

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d Custom Dei	mographics	Addition	al Information		f	Reasons for \	/isit
Back	Next	Back	Next		Back		Next
What is your preferred pha	armacy	Where did you find us?			Allergies		
Walgreens		Google		0			
Employer		Do you use online sched	uling?		Annual Physical	Exam	
DL Number		Which specialists do you	i see?	0 0 0	Anxious		
		Want access to online po	ortal?		Asthma		
Attorney Name		Who referred you?		P	Attention Proble	ems	
Have you seen a therapist	before	Anything special we need	d to know	Ø	Back Problems		
					Broken/ Fracture	ed Bones	
					Cold		
					Cough		

Note: Information entered into the Custom Demographics section can be found in the patient's chart. Information entered under Additional Information or Reasons for Visit can be found in the clinical note under the OnPatient/Check-In tab.

6. If there are any changes to Allergies, Medications, or Conditions, patients can select **Yes** and note their changes. If there are no changes, patients can select **Next**.

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f	Allergies		ff	Medications		ff	Medical Conditions		ff	Allergies	
Back		Next	Back	Ne	ext	Back		Next	Bac		Next
	Your Allergies			Your Medications		,	Your Medical Condition	s	Do you have	any changes?	NO YES
Non-Drug Allerg Shortness of breath/			Mirena 52 mg in	trauterine device		Chronic urina N39.0	ry tract infection (disc	rder)			
Non-Drug Allerg Hives	y: Milk		Flonase 50 mcg	Flonase 50 mcg/inh nasal spray			oliosis AND/OR kyphos	coliosis (di			
penicillin Hives			Cranberry oral c	Cranberry oral capsule			onmental allergies (di	sorder)			
d00170 aspirin Hives			12 Hour Nasal	12 Hour Nasal			Amebic lung abscess				
			ZyrTEC 5 mg or	al tablet, chewable		Essential (prin	mary) hypertension				
			Mirena 52 mg in	trauterine device		Tuberculosis A15.0	of lung				Done
			Flonase 50 mcg	/inh nasal spray		Malignant neo	oplasm of upper respir	atory tract,	I.	Hi	The
Do you have any	changes?	NO YES	Do you have any	changes?	O YES	Do you have a	ny changes?	NO YES	QWE	RTY	UIOP
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Note: Changes noted by patients will not automatically update this information in their chart. An update based on the new information will need to be entered into the chart by a provider or staff member.

7. Any primary or secondary insurance information, can be entered. If the insured person is different from the patient, select **No** under **Is insured the same as the patient?** and enter the subscriber's information.

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Back	Next	Back	Next		Back		Next
Insurance Company		Insurance Compa	any			red Person Same as P	
					Ye	s	🗸 No
ID Number		ID Number			Patient Relations	ship to Insured	
Group Number		Group Number		Social Security #			
Plan Name		Plan Name			First Name		
					Last Name		
Student Status			ed Person Same as Patient?		Last Name		
Not a	Student	Ves	s No		Middle Name		
Is Insured Person							
Ves	No				Suffix		
					Date of birth		

8. Any questions or comments can be entered in the **Questions & Comments** section.

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	Questions &	Comme	nts	
Bac	:k		Finish	
Question or 0	Comment #1			
Question or (comment #2			
Question or 0	Comment #3			

9. Tap the pencil icon (

) to sign consent forms. Select the consent form(s) to open. Tap **Read and Consent** when finished. Repeat for all consent forms.

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Group Number			Bacl		Finish	1 of 3		
Plan Name				2 unread consent for sign below when yo		NOW YOU CAN GET	IBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED A ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY. Indice describe how we may use difficultary yar protected holds information to vary set twento a characteristic and the set of the set of the set of the	
Patient Student Not a Student	Status		No Shov Required			information, that in any id- health care services. We are required to added new analyse will be effect with any revised before- requesting that a revised 1. Uses and Etherbeares	stilly yea and that rolates to your pool, proceed or future physical or mental health or condition and ro- ty the twent of this balance of Princips (Peorsien, We may change the torus of our actions) at any time to real any strende balantismical and series reasons and that there. Sport proceedings of the (Princip Patients) which information and the real roles pool of the strength or conditions of the effective physical balance and or advance of the time of your next appointment. of Protocol Balance Tablemation	ated The de you and
Questions / Co	omments	1	HIPAA D Required	Data Use Agreemei	nt	are involved in your care may also be used and do	immation may be used and disclosued by your physician, our efficient andf and orderss consider of our effi- and business of the drap papers of providing hashic our services to your. You protocols hashis informa- kneed to pay your hashic care bits and to support the operation of your physician's practice. If do types of some and disclosures of your protocols and the drap part of some and disclosures of part of examples are not meant to be exhaustive, but to describe the types of some and disclosures that may	tion
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	Finish Check-In					alpent of child gloss of	Read and Consent	

Once all consent forms are reviewed, select **Tap Here to Sign Documents** and sign with a finger or stylus. When finished, select **Finish Check-In**.

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