To begin your video visit, follow the instructions outlined below.

1. **IMPORTANT** Disable Pop-Up Blockers on your mobile device.
   a. For Apple mobile device instructions, click here.
   b. For Android mobile device instructions, click here.

2. On the MyChart homepage, click the alert to view instructions for your video visit. This link will become available 3 days prior to the appointment.

OR

Click the Visits button at the top of the homepage and select “Upcoming Appointments”.

To complete PreCheck-In 1-3 days prior to your visit.
Click the green PreCheck-In button available for the Video Visit appointment.

3. You must check in for your appointment using PreCheck-In prior to the visit. Click the PreCheck-In button and complete the steps.
a. Confirm/update your personal information.

b. Verify who is responsible for payment.
c. Make co-pay payment (if applicable).
PreCheck-In

You're almost done!
Please verify that the information below is correct before processing your payment.

Payment amount
$25.00
$25.00 Copay

Address
158 Main Street
Jerome, Arizona 86331
928-649-9263

Payment method
Visa
Maynard Test James Keenan
x111
exp. 08/2022

Back Next Finish Later

Back To The Home Page

PreCheck-In

Yes! Your payment has been authorized successfully! Your credit card will be charged when you check in for the appointment. Please print this page as a receipt for your records.

Date: 12/7/2020

Payment amount
$25.00
$25.00 Copay

Authorization code:

Payment method
Visa
Maynard Test James Keenan
x111
exp. 08/2022

Back Next Finish Later

Back To The Home Page
d. Verify the medications you are taking/not taking and the pharmacy for this visit.
e. Review/update your allergies.

f. Complete any questionnaire(s) associated with your visit (Patient Medical History, Surgical History, Family History, Social History, Medicare Wellness Annual Survey, Telemedicine Attestation, etc.) and click submit at the end of the questionnaires.
**PreCheck-In**

**Patient Medical History**

Step 1 of 4

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

**Medical History**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Date first noted (approx)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid Issue</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcers</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will have a chance to review your answers before submitting the questionnaire.
### Patient Medical History

#### Step 2 of 4

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

**Surgical History**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Occurrence date (approx)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenoidectomy</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Appendectomy</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Occurrence date (approx)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vasectomy</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

---

### Patient Medical History

#### Step 3 of 4

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

**Family History**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Add a new family member</th>
<th>Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>Add a new family member</td>
<td>Name</td>
<td>Comments</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>Add a new family member</td>
<td>Name</td>
<td>Comments</td>
</tr>
<tr>
<td>Asthma</td>
<td>Add a new family member</td>
<td>Name</td>
<td>Comments</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Add a new family member</td>
<td>Name</td>
<td>Comments</td>
</tr>
<tr>
<td>Thyroid disease</td>
<td>Add a new family member</td>
<td>Name</td>
<td>Comments</td>
</tr>
</tbody>
</table>

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

Step 4 of 4
Please fill out the following questionnaire. When available, data is pulled from your chart.

Social History

Alcohol Use
- Yes
- Not Currently
- Never

Sexually Active
- Yes
- Not Currently
- Never

Drug Use
- Yes
- Not Currently
- Never

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

Smokeless Tobacco
- Current User
- Never Used
- Former User

Comments on your history with tobacco:

You will have a chance to review your answers before submitting the questionnaire.
### PreCheck-In

**Patient Medical History**

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

There are some questions that you have not responded to. Click the **Modify** button if you would like to answer these now.

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Medical History</th>
<th>Medical History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Anemia</td>
<td>Anxiety</td>
</tr>
<tr>
<td>No Response</td>
<td>No Response</td>
<td>No Response</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Asthma</td>
<td>Bipolar disorder</td>
</tr>
<tr>
<td>No Response</td>
<td>No Response</td>
<td>No Response</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>Breast cancer</td>
<td>Congestive heart failure</td>
</tr>
<tr>
<td>No Response</td>
<td>No Response</td>
<td>No Response</td>
</tr>
<tr>
<td>Pneumothorax</td>
<td>Heart surgery</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>No Response</td>
<td>No Response</td>
<td>No Response</td>
</tr>
</tbody>
</table>

### Family History

No problems selected

### Social History

<table>
<thead>
<tr>
<th>Social History</th>
<th>Social History</th>
<th>Social History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>Sexually Active</td>
<td>Drug Use</td>
</tr>
<tr>
<td>No Response</td>
<td>No Response</td>
<td>No Response</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Smokeless Tobacco</td>
<td>Comments:</td>
</tr>
<tr>
<td>No Response</td>
<td>Never Used</td>
<td></td>
</tr>
</tbody>
</table>

Modify  Submit And Continue  Finish Later  Cancel
Attestation

For an upcoming appointment with D Aukerman on 12/8/2020

* Indicates a required field.

*I attest that I will be in the State of Oregon at the time of this telemedicine visit.

Yes  No

Continue  Finish Later  Cancel

Attestation

For an upcoming appointment with Rachael Mayfield, PA on 12/9/2020

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I attest that I will be in the State of Oregon at the time of this telemedicine visit.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Back  Submit  Cancel
4. Sign any applicable documents by clicking “Review And Sign”.

Once this step is completed, documents will be submitted for clinic review.
a. Review document, scroll to the bottom, and tap (or use the mouse) to click and sign.

5. Click Submit to complete PreCheck-In.

6. After PreCheck-In is completed, the “Begin Video Visit” button becomes available 15 minutes prior to the start of the visit. Click the button to begin.
7. The video visit will launch in a new window. Click “Check-In” at the bottom of the page.

8. The system will check your camera and microphone connection and alert you of any issues. Once successful, click “Proceed” at the bottom of the page.
9. Wait for your provider to join the visit.

Please wait for your consultation to begin...
We have notified the medical professional that you are ready to be seen.
Please remain on this page until they join the visit.
We appreciate your patience! Thank you!