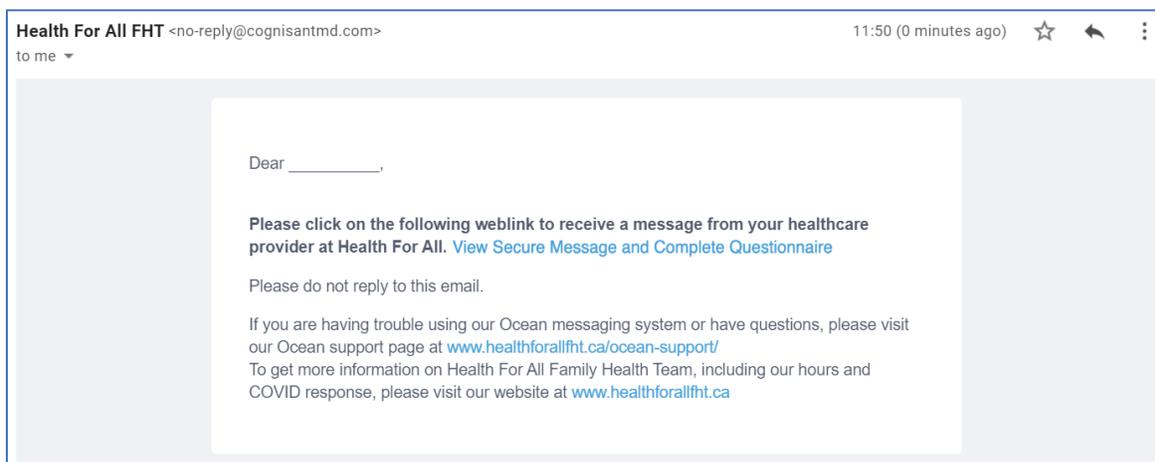


Ocean How-To's

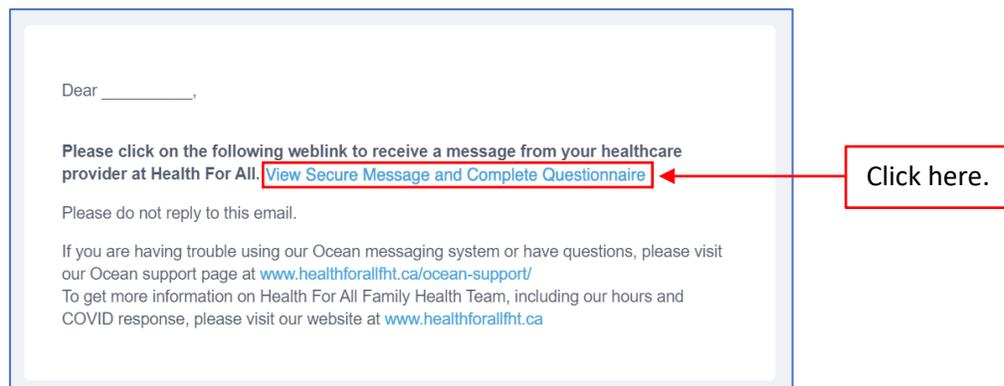
Complete Your New Patient Registration Form on Ocean

This How-To was developed to help you complete your New Patient Registration E-Form for Health for All. Completing this e-form gives your new provider an understanding of your health history prior to arriving for your first appointment. You will know that this is the correct tutorial if you receive the following e-mail from Health for All:

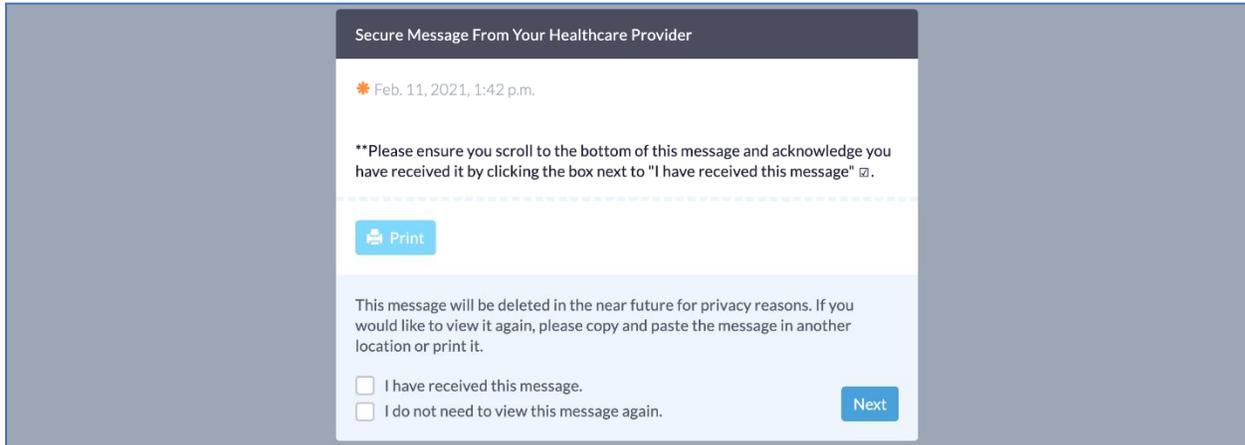
[Please do not reply to this e-mail.](#)



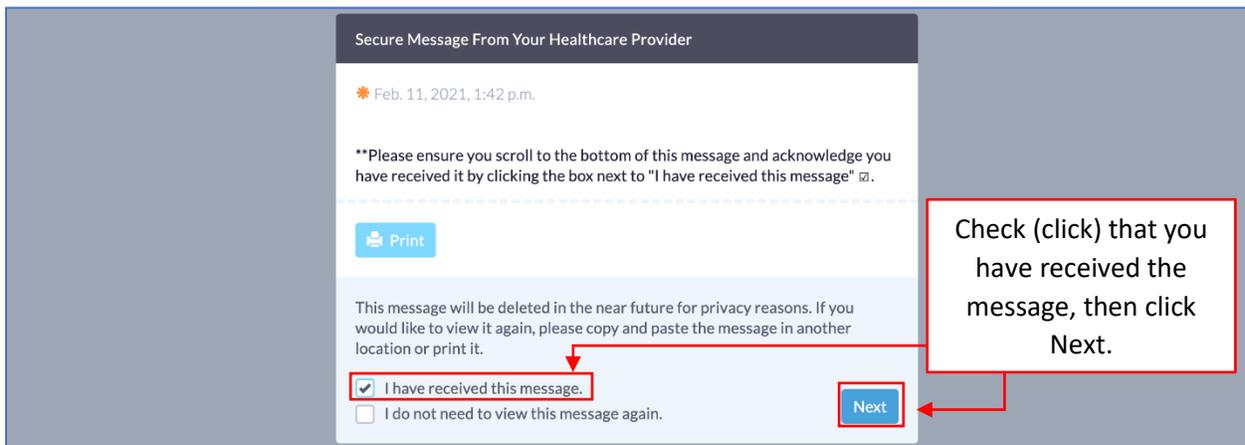
1. To begin, please click the blue link that says “View Secure Message and Complete Questionnaire”. This will open a new tab in your web browser.



- The next page will look similar to the image below. Please note, to maintain privacy and security, the link sent to you via e-mail (the blue message in step one) will expire (it will no longer work) after a pre-determined amount of time. If you would like to keep a copy of the information below, please click the  button or copy and paste the text for your records.



- To proceed to the next page please check the box titled "I have received this message" at the bottom of the page, then click the  button.



- You will now see our New Patient Registration E-form. An e-form is a type of survey that automatically and securely inputs your responses into your patient chart so that your provider can access the information when meeting with you. Please complete the survey to the best of your abilities, providing as much detail as possible. A picture of the e-form can be found on the following page.

5. In order to input your information, click the corresponding or buttons beside each question, or click the empty box () beside a condition to indicate that it applies to you.

6. Occasionally when you respond to a question, additional questions may appear to provide more detail or context to your response. If a box appears, please type a response into the text box or click the appropriate answer.

7. Similarly, some questions may list previous conditions. Please click on a condition to indicate that it applies to the individual, and use the scroll down menu to select the appropriate answer. Buttons that you have not clicked appear light blue, and buttons you have clicked will appear dark blue.

- Please complete the e-form with as much detail as possible. Though it may feel time consuming, providing these details to your new health care provider can create a more complete picture of you as a patient, leading to more holistic care. Many things affect our health including our family history, the activities we do every day and even our income. This information is sent directly and securely into your patient chart via Ocean and is not shared outside your circle of care. Once you have completed the form, click [Finish](#).

Prior Immunizations:

The following questions relate to your vaccinations. Don't worry if you are unable to locate the answers to these questions; you may leave them blank.

When was your last flu shot?

When was your last tetanus (or Adacel/Boostrix/Tdap) shot?

Have you been immunized against varicella (chickenpox)?

Have you been immunized against rubella (MMR vaccine)?

Other immunizations (if known):

If you have a copy of your immunization record, please bring it to your visit so that we can enter it into your record.

[Finish](#)

Complete the form, and click Finish.

- You have now completed the New Patient Registration E-form. You will see the following message. You may now exit the window. Welcome to Health for All!

Questionnaire Complete

Thank you for completing this questionnaire. Your answers have been submitted successfully.

Please note that your healthcare provider will not routinely see your answers until the time of your next appointment.

If you have an urgent medical problem, you must contact your healthcare provider directly or proceed to the emergency department.

If you wish to revoke your consent, or no longer wish to communicate via e-mail with Health for All, please notify your health care provider or a front desk staff member.

Thank you.