

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.

Health For All FHT <no-rep to me 👻</no-rep 	ly@cognisantmd.com>	11:50 (0 minutes ago)	☆	•	:
	Dear, Please click on the following weblink to receive a message from your health provider at Health For All. View Secure Message and Complete Questionnaire Please do not reply to this email. If you are having trouble using our Ocean messaging system or have questions, p our Ocean support page at www.healthforallfht.ca/ocean-support/ To get more information on Health For All Family Health Team, including our hours COVID response, please visit our website at www.healthforallfht.ca	care lease visit s and			

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.

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2. 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 error button or copy and paste the text for your records.



3. 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 Next button.

Secure Message From Your Healthcare Provider	
₩ Feb. 11, 2021, 1:42 p.m.	
**Please ensure you scroll to the bottom of this message and acknowledge you have received it by clicking the box next to "I have received this message" \square .	
🚔 Print	Check (click) that you have received the
This message will be deleted in the near future for privacy reasons. If you would like to view it again, please copy and paste the message in another location or print it.	message, then click Next.
 ✓ I have received this message. ☐ I do not need to view this message again. 	

4. 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 Yes or No buttons beside each question, or click the empty box (□) beside a condition to indicate that it applies to you.

New Patient Registration - HFAFHT Thank you for your registering with us. To provide the best possible care, we would like to learn more about your medical history by asking you some questions.	
How were you connected to this office? Have you previously had a family physician or primary care provider? Medical History: generally healthy; no medical conditions asthma blood clot in the leg or lung	Click the Yes or No buttons on the right to answer each question, or click a box to check it (if it applies to you).
□ cancer □ diabetes □eczema ◀	

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.

Sometimes a follow- up question may appear due to a selection you make.	New Patient Registration - HFAFHT Thank you for your registering with us. To provide the best possible care, we would like to learn more about your medical history by asking you some questions. How were you connected to this office? Have you previously had a family physician or primary care provider? If you recall his/her name and contact information please list it here: Medical History:	For example, because this patient selected "Yes" to having a previous family physician, a new box appeared asking for the contact details of their provider.
	generally healthy; no medical conditions asthma	

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.

Family History:	
Biological Mother: Conditions: heart disease high blood pressure high cholesterol diabetes asthma allergies breast cancer ovarian cancer colon cancer lung cancer melanoma other cancer depression other psychiatric history dementia hip fracture	Click a condition to indicate it applies. Buttons you have selected will appear dark blue.
Status:	



8. 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): Complete the
form, and click
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

9. 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!



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.