

Patient Portal

1) Log In to the Patient Portal

- For a New patient
- Already a User
- Already a patient

2) Accessing the portal from doctorspartner

- Front desk

Patient portal workbench

- New Patient
- Existing Patient Request
- Patient Appointment Request
- Patient Medication Refill Request
- Patient Lab Order Request
- Internal Messages
- Patient portal Imported Report

To Log In to the Patient Portal

1) For a New patient

Click on New to Our Practice: Register Now

Welcome to the Patient Portal for Affordable Health Care. You will find several links on the left side that will allow you to request services from the doctors office. Please feel free to use them and expedite your requests. Thank you for your support!

Already a User?

User ID

Password

[Forget Password?](#)

Remember user name?

New User - Create a Secure Account

New to Our Practice?

Already Our Patient?

Online Services Available

- Online Patient Registration
- Request Appointment
- Request Med Refill
- Request Order (Labs/Xrays)
- Secure Messaging

Your information is secure with us. [Terms of Use](#) and [Privacy Statement](#).

Patient Demographics

Enter in the demographic information and click on "save" located at the bottom of the page

dP Patient Portal

New Patient Registration:

- Patient Demographics
- Patient History
- Fam/Soc Hx
- Allergies and Meds
-

Patient Information (Fields Marked With An * Are Required)

First Name*	Middle Name	Last Name*
Social Security No*	Date Of Birth*	Age*
Gender*	Marital Status	
Address1*	Address2	Address3
City*	State*	ZIP*
Student Status*	Work Status*	Home Phone*
Work Phone Extn.	Email*	Cell No
Race	Emergency Contact	Emergency Phone
Declared Physician*		

Insurance (Leave Blank If You Have No Insurance Or You Are A Self Pay Patient)

Insurance Company*	Plan Name	
Plan #	Group Number	
Patient Relationship*		
Insured First Name*	Middle Name	Last Name*
Insured ID*	Date Of Birth*	Gender*

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Patient History

The next screen is the Patient History Screen

Enter in the following information and then click on save to continue to the next screen

Patient History

Preventive Screening

Exam Name	Exam Date	Exam Name	Exam Date
Select		Select	

Past History

Condition	Yes	No	Condition	Yes	No
Polio	<input type="checkbox"/>	<input type="checkbox"/>	Blood Plasma Transfusion	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Mono	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>
TEST HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	HEELO	<input type="checkbox"/>	<input type="checkbox"/>

Illness History (Please Enter Any Illness You Have Had In The Past)

Surgical History (Please Enter Any Surgeries Or Procedures You Have Had In The Past)

OB/GYN History

Family and Social History

This screen requires you to fill in your Family and Social history information. Once you're done you can proceed to the next screen by clicking on save.

Family And Social History

Condition	Yes	No	Condition	Yes	No
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	TEST FAMILY	<input type="checkbox"/>	<input type="checkbox"/>

Occupation:

Tobacco History

None Chews Currently Smoking Prev. Smoked Packs/Day

Alcohol History

None Previously Occasional Moderate To Heavy

Marital Status

Married Single Separated Divorced Widowed # OF Child

Others

Diet Preferences Pets Travel Hist. Religious Pref.

Save Save & Next

Allergies and Meds

If you have any allergies or are currently on any kind of medication you can fill in that information in this screen and then click on save.

dP Patient Portal

Allergy And Current Medication Information

Allergies (Please Enter Any Allergies You Have Had In The Past)

Medications

Medication Name	Form	Strength	Prescribed Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add Another Entry](#) [Save](#)

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Click here to log out

Once you're done filling in all screens, the information will be sent to the doctors office .They will then verify your information and will then email you a user name and password for you to log into the patient portal.

dP Patient Portal

Your information has been sent to the doctor's office. When they verify your information a user id and password will be sent to your email on file.

Thank you for using Doctorspartner patient portal Online.

[Go to Portal Home](#)

Patient Portal

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2) Already a User

Enter in your user name and password that was provided to you via email



Welcome to the Patient Portal for Affordable Health Care. You will find several links on the left side that will allow you to request services from the doctors office. Please feel free to use them and expedite your requests. Thank you for your support!

Already a User?

User ID:

Password:

[Forgot Password?](#)

Remember user name?

New User - Create a Secure Account

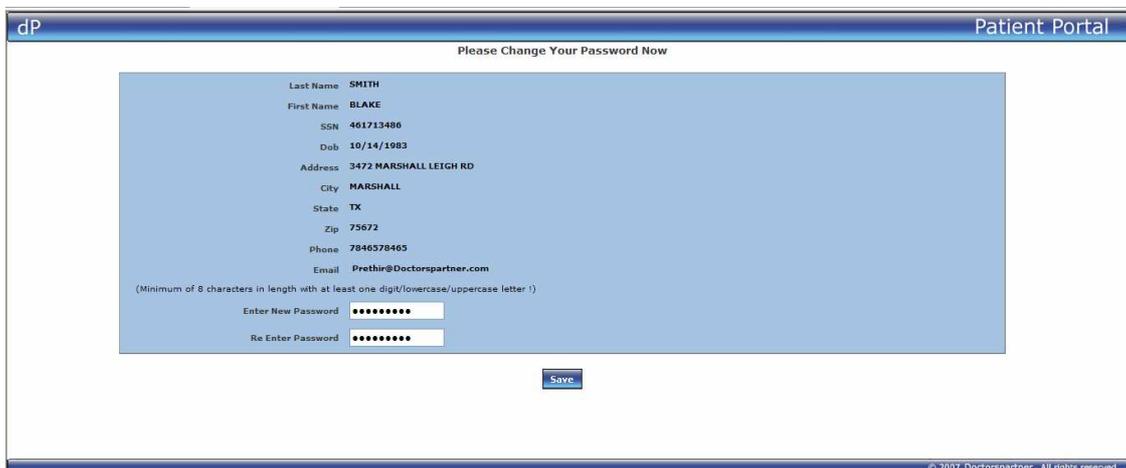
New to Our Practice?

Already Our Patient?

Online Services Available

- Online Patient Registration
- Request Appointment
- Request Med Refill
- Request Order (Labs/Xrays)

The very first time you log in, the system will prompt you to change your password



dP Patient Portal

Please Change Your Password Now

Last Name: SMITH
First Name: BLAKE
SSN: 461713486
Dob: 10/14/1983
Address: 3472 MARSHALL LEIGH RD
City: MARSHALL
State: TX
Zip: 75672
Phone: 7846578465
Email: Prethir@Doctorspartner.com

(Minimum of 8 characters in length with at least one digit/lowercase/uppercase letter !)

Enter New Password:

Re Enter Password:

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My Account

Here you can view your account details

Change password

To change your password click on change password

Logout

To log out of the patient portal click on log out

dP Patient Portal

Your Account Details

My Account Change Password Logout

New Request:

- Request a Appt
- Request a Med Refill
- Request a Lab/Radiology

Communicate with the Doctors Office:

- Inbox
- Send a Message

Last Name: SMITH
First Name: BLAKE
SSN: 461713486
DOB: 10/14/1983
Address: 3472 MARSHALL LEIGH RD
City: MARSHALL
State: TX
Zip: 75672
Phone: 7846578465
Email: Prethir@Doctorspartner.com

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Request an appt

To request an appointment click on "Request A Appt" and in the following screen enter in your preferred physician, choice of time you would want to schedule the appointment for and the reason of visit.

dP Patient Portal

Request An Appointment

My Account Change Password Logout

New Request:

- Request a Appt
- Request a Med Refill
- Request a Lab/Radiology

Communicate with the Doctors Office:

- Inbox
- Send a Message

Patient Name: SMITH BLAKE
Date of Birth: 10/14/1983
SSN: 461713486
Preferred Provider: Select
Request Appointment Dates:
Choice 1: 01/19/2010
Choice 2: 01/25/2010
Choice 3: 01/28/2010
Preferred Time:
AM
AM
PM
Reason of Visit: Eye Examination

Submit Cancel

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To request a medication refill

Select your medication from the drop down list
Enter in your pharmacy name, phone number and if you wish any additional notes.

The screenshot shows the 'Request Medication Refill' form in the Patient Portal. The form is titled 'Request Medication Refill' and is part of the 'dP Patient Portal'. On the left side, there is a navigation menu with options: 'My Account', 'Change Password', 'Logout', 'New Request:' (with sub-options 'Request a Appt', 'Request a Med Refill', and 'Request a Lab/Radiology'), and 'Communicate with the Doctors Office:' (with sub-options 'Inbox' and 'Send a Message'). A blue arrow points to the 'Request a Med Refill' button. The main form area contains the following fields: 'Patient Name' (SMITH BLAKE), 'Date of Birth' (10/14/1983), 'SSN' (461713486), 'Medication' (Flexeril 10 mg Tab, with a blue arrow pointing to the dropdown menu), 'Prescription Date' (01/04/2010), 'Notes' (a text area), 'Pharmacy Name' (Walmart), and 'Pharmacy Phone' (4675890234). At the bottom right of the form are 'Submit' and 'Cancel' buttons.

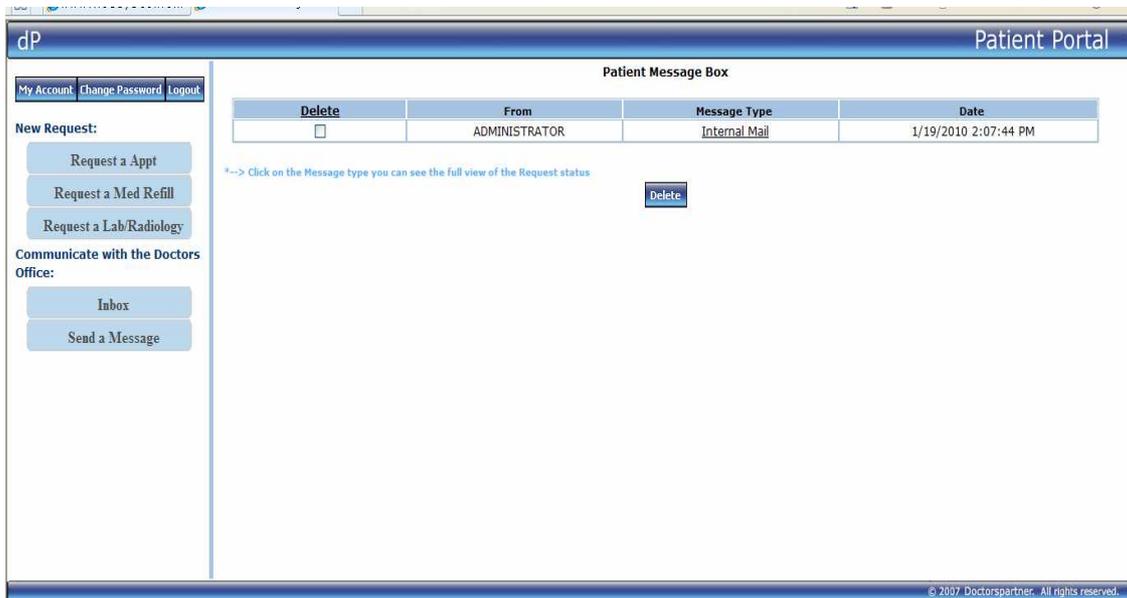
Request Orders

To request a Lab /Radiology test enter in the name of the test and from the drop down list select the type of test you wish to request.
Click on submit to send the information to the doctors office

The screenshot shows the 'Request Orders (Lab/Radiology)' form in the Patient Portal. The form is titled 'Request Orders (Lab/Radiology)' and is part of the 'dP Patient Portal'. On the left side, there is a navigation menu with options: 'My Account', 'Change Password', 'Logout', 'New Request:' (with sub-options 'Request a Appt', 'Request a Med Refill', and 'Request a Lab/Radiology'), and 'Communicate with the Doctors Office:' (with sub-options 'Inbox' and 'Send a Message'). A blue arrow points to the 'Request a Lab/Radiology' button. The main form area contains the following fields: 'Patient Name' (SMITH BLAKE), 'Date of Birth' (10/14/1983), 'SSN' (461713486), 'Lab/Radiology Name' (Bone Scan), 'Type' (Radiology, with a dropdown menu), 'Notes' (a text area), and 'Submit' and 'Cancel' buttons at the bottom right.

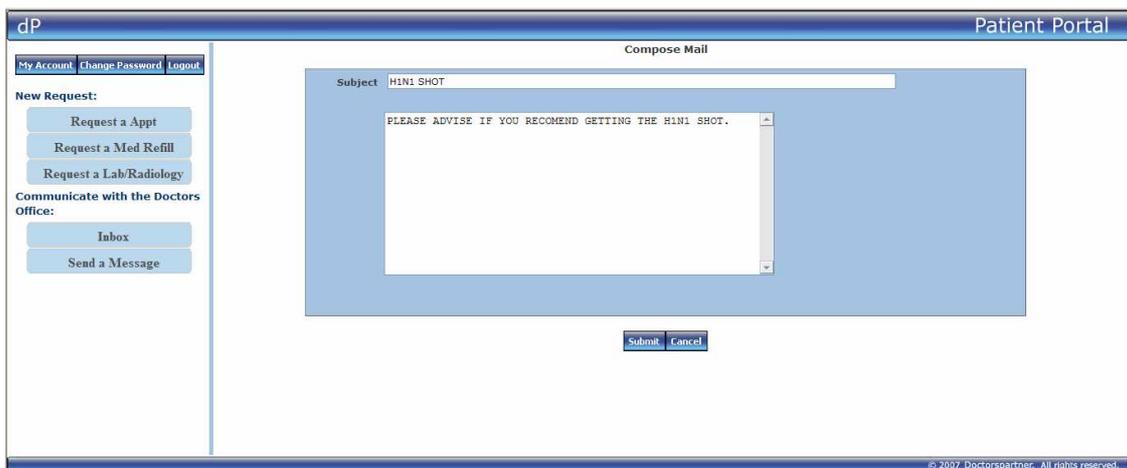
Inbox

To view messages in your Inbox click on "message type".



Send a Message

To send a message to the doctors office select "Select a Message"
Enter in the subject and a brief message and then click on submit.



3) Already a patient

If you are an existing patient but do not have your username and password click on the following link

Already a User?

User ID

Password

[Forgot Password?](#)

Remember user name?

New User - Create a Secure Account

New to Our Practice?

Already Our Patient?

Online Services Available

- Online Patient Registration
- Request Appointment
- Request Med Refill
- Request Order (Labs/Xrays)

This screen requires you to fill in all the information

REQUEST PORTAL ACCESS - ENTER DETAILS

Patient First Name*

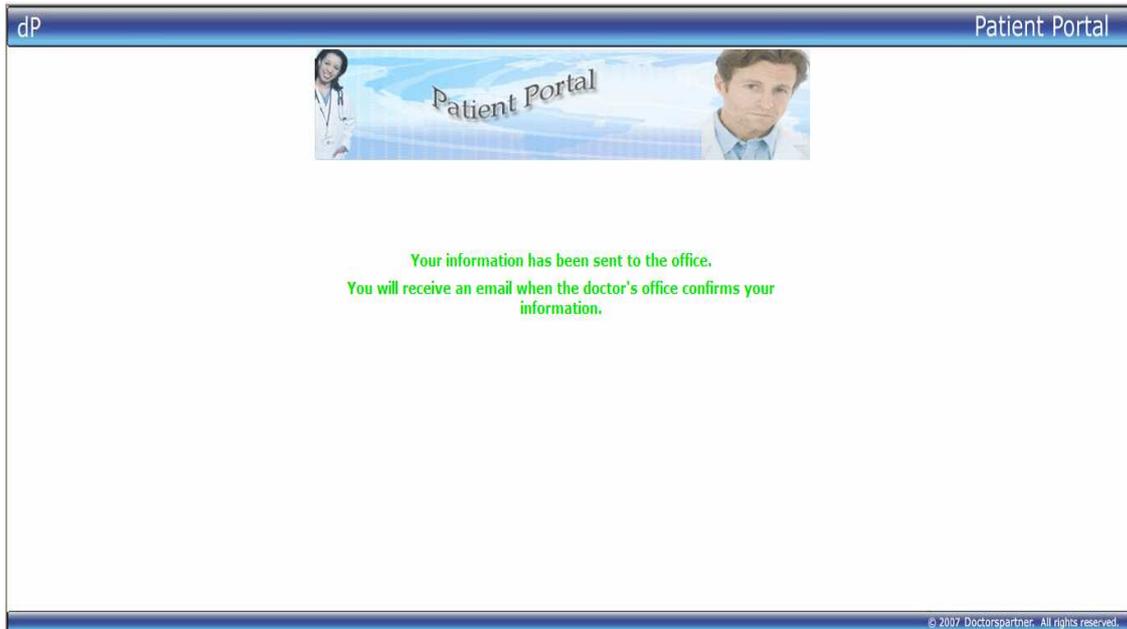
Patient Last Name*

Social Security No*

Date Of Birth*

E-mail Address*

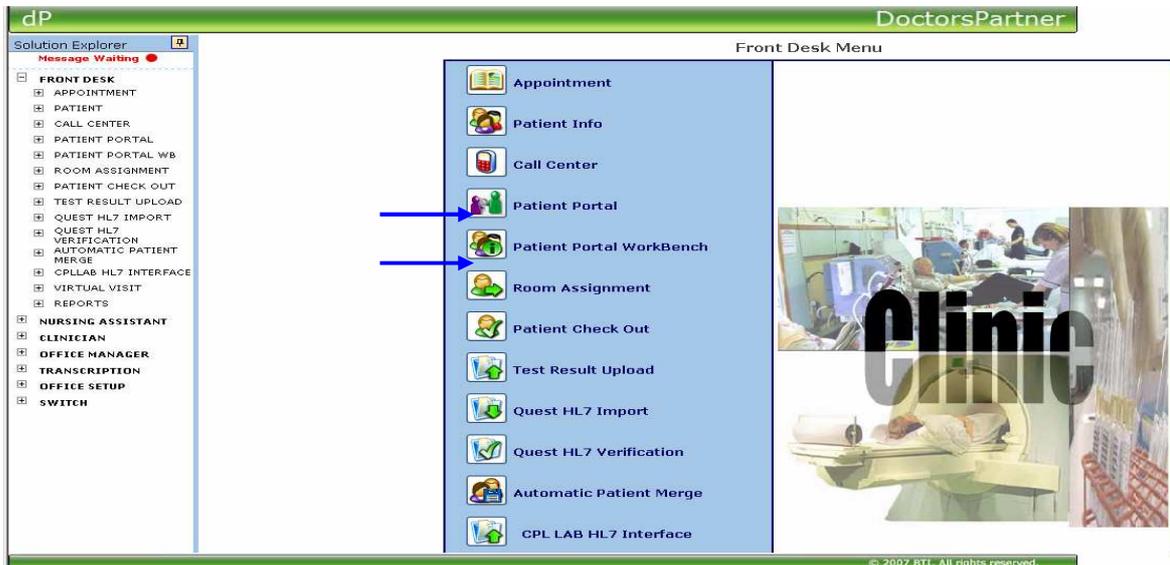
An email will be sent to you with your username and password.



Accessing the patient portal from Doctors partner

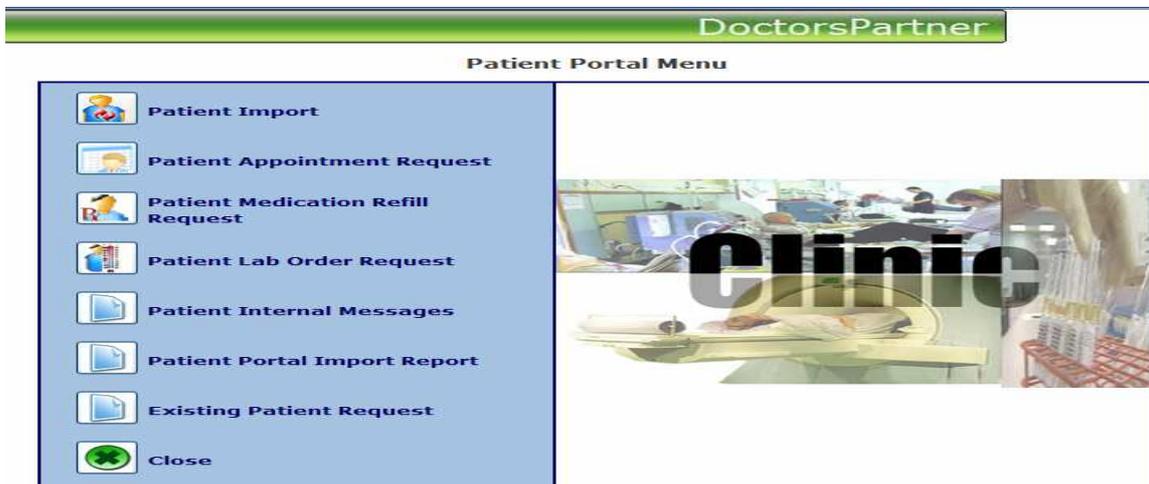
Front Desk Menu

To access the patient portal you can click on patient portal workbench or patient portal



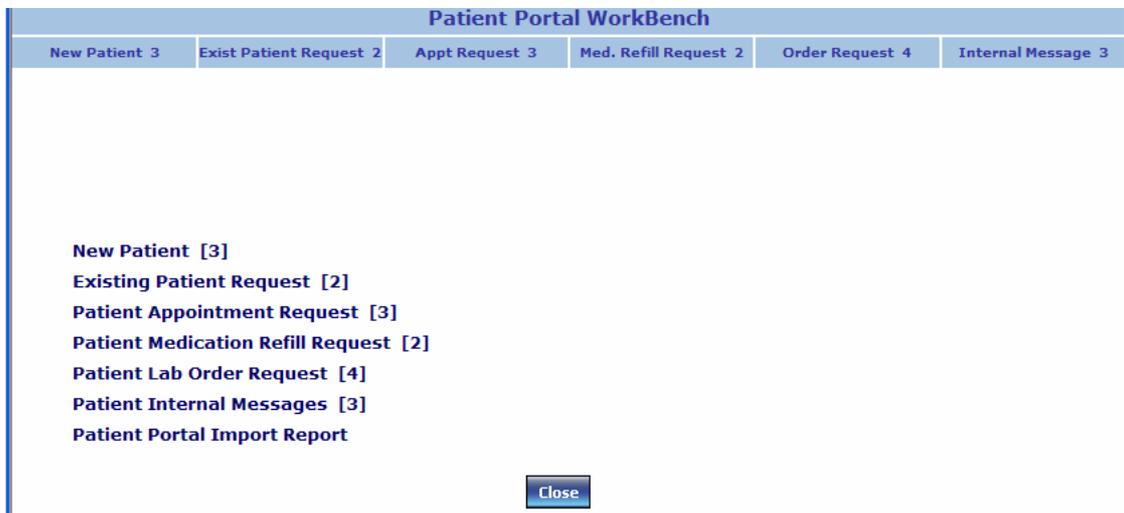
Patient Portal

Here you have the option of viewing each screen individually



Patient Portal Workbench

The workbench gives you access to all the above menus. From this screen you can view the following information by clicking on the text



New Patient:

This screen gives you a list of all new patients who requested for their portal ID

Patient Portal WorkBench						
New Patient 4	Exist Patient Request 1	Appt Request 0	Med. Refill Request 1	Order Request 0	Internal Message 0	
New Patient Import						
Last Name	First Name	SSN	DOB	Import	Cancel	
REESE	BRENDEN	789456123	1/9/2003	<input type="checkbox"/>	<input type="checkbox"/>	
ABC	TEST	797898797	9/9/2001	<input type="checkbox"/>	<input type="checkbox"/>	
CLARK	JANICE	894578457	9/9/1978	<input type="checkbox"/>	<input type="checkbox"/>	
NORWAY	TEST	093484938	3/4/1986	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="button" value="Submit"/>	<input type="button" value="Close"/>	

To view the patient Demographic information click on the patient name
 To import the patient demographic information click on the Import check box and then click on submit. This will send a portal id to the patient and will save the demographic information in doctor's partner.

Patient Demographics		
Patient Information:		
First Name Janice	Middle Name	Last Name Clark
Social Security No 894578457	Date Of Birth 9/9/1978	Age 31
Gender Female	Marital Status Single	
Address1 789 sunrise blvd	Address2 8578	Address3
City tampa	State FL	ZIP 78456
Student Status Not a Student	Work Status Full Time	Home Phone 6354824834
Work Phone Extn.	Email janice@yahoo.com	Cell No
Race	Emergency Contact	Emergency Phone
Preferred Physician Volk Kenneth		
Insurance:		
Insurance Company AETNA - THE HARTFORD	Plan Name	
Plan #	Group Number	
Patient Relationship		
Self		
Insured First Name Janice	Middle Name	Last Name Clark
Insured ID 34545	Date Of Birth 9/9/1978	Gender Female
Address1 789 sunrise blvd	Address2 8578	Address3
City tampa	State FL	ZIP 78456
Home Phone		Employer

To deny a request click on cancel this will send an email to the patient denying the request.

Existing Patient Request:

This screen gives a list of all existing patients who requested for their portal ID

To send a portal id click on the send id check box and then click on submit.

If you wish to deny the request click on delete.

Submit will send the information to the email provided by the patient.



The screenshot displays the 'Patient Portal WorkBench' interface within a Microsoft Internet Explorer browser. The interface includes a navigation pane on the left with a 'FRONT DESK' menu. The main content area shows a summary of request counts and a table of existing patient requests. Two blue arrows point to the 'Send ID' and 'Delete' columns in the table.

S.No	Patient Name	DOB	SSN	Email	Send ID	Delete
1	ABRANTES,LOURDES	5/4/1953	463465464	pkzamyb4u@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>

Buttons:

Patient Appointment Request

This screen lists the patients who have requested for an appointment. To view the appointment details click on the patient name

Patient Portal WorkBench					
New Patient 3	Exist Patient Request 2	Appt Request 3	Med. Refill Request 2	Order Request 4	Internal Message 3
Portal Request Appointment Details					
S.No	Patient Name	Physician Name	Request.Date	Appt.Time	Cancel
1	TEST,JOHN	Vanderburg James	1/7/2010	AM	<input type="checkbox"/>
2	SMITH,BLAKE	Query DO Marion	1/19/2010	AM	<input type="checkbox"/>
3	THARPE,AMY	Volk Kenneth	1/18/2010	AM	<input type="checkbox"/>

Here you can view the requested appointment date, Reason of visit and also preview your appointment schedule to check for any available slots.

Patient Portal WorkBench					
New Patient 3	Exist Patient Request 2	Appt Request 3	Med. Refill Request 2	Order Request 2	Internal Message 1
Appointment Schedule					
Patient Last,First Name	SMITH,BLAKE				
Doctor Last,First Name	Query DO Marion				
Supervising Physician	Select				
Location Name	Unspecified				
Insurance Name	Select				
Department Name	Family Practice				
Patient Phone Number	7846578465				
Request Appt_Date1	1/19/2010	AM	Preview		
Request Appt_Date2	1/25/2010	AM	Preview		
Request Appt_Date3	1/28/2010	PM	Preview		
Allotted Appointment Date	1/19/2010	<input type="button" value="BA"/>	Preview		
Start Time	:	-	-	-	-
End Time	:	-	-	-	-
Reason Of Visit	Eye Examination				
<input type="button" value="Ok"/> <input type="button" value="Close"/>					

Select the allotted appointment date and enter in the start and end time and then click on "Ok".

Patient Medication Refill Request

You can view Patient medication refill requests from this screen.
 To notify the Doctor of a medication refill click on the drop down list and select the Doctor you wish to notify.
 Then click on select and then click on submit to send the information.

Patient Portal WorkBench					
New Patient 1	Exist Patient Request 0	Appt Request 2	Med. Refill Request 4	Order Request 5	Internal Message 2
Medication Request					
Patient Name	Med. Name	Req. Date	Assign To	Select	
Finley Doug	Lortab 10 mg-500 mg Tab	2/4/2010 3:23:35 PM	Select	<input type="checkbox"/>	
Finley Doug	Amoxicillin 250 mg Cap	2/9/2010 8:52:08 AM	Select	<input type="checkbox"/>	
Finley Doug	Lortab 10 mg-500 mg Tab	2/9/2010 8:52:50 AM	Select	<input type="checkbox"/>	
Finley Doug	Lortab 10 mg-500 mg Tab	2/10/2010 9:44:37 AM	Select	<input type="checkbox"/>	←
			Submit	Close	
			Select Banner Bruce finch carolyn Gary Zien Johnson William ← Kent Clark Mark Greensborow montaa debbie		

The person you chose from this drop down will receive a mail notification in doctorspartner regarding a medication refill for the patient.

To view the message the doctor will have to click on the message icon on the top left of your doctorspartner screen

Message Waiting ●

Welcome, Johnson,William! [Back to inbox](#) << Previous Next >>

Date : 3/4/2010 2:31:56 PM
 From : FINLD8967
 Subject : Patient Med. Refill Request -- Finley Doug
 To : WILLIAM

```

Patient Name : Finley Doug
Medication Name : Lortab 10 mg-500 mg Tab
Prescription Date : 2/25/2010
Requested Date : 2/4/2010 3:23:35 PM
Pharmacy Name :
pharmacy Phone :
  
```

[Refill Medication](#) →

[Reply](#) [Forward](#) [Close](#)

He/She can now refill the medication from his inbox by clicking on the refill medication link.

Patient Lab Order Request

To process a lab order request you will first have to match the order name with the lab/radiology name from the drop down list. Now select the person you wish to notify by selecting the name from the drop down list. Select the select check box and then click on submit. The notified person will now receive a message in their doctorspartner message box.

Patient Portal WorkBench					
New Patient 3	Exist Patient Request 2	Appt Request 3	Med. Refill Request 2	Order Request 2	Internal Message 1
Order Request					
Patient Name	Order Name	Lab/Radiology Name	Req. Date	Send To	Select
SMITH BLAKE	UA	Select	1/25/2010 2:41:00 PM	Select	<input type="checkbox"/>
SMITH BLAKE	xray of back	Select	1/25/2010 2:44:20 PM	Select	<input type="checkbox"/>
<input type="button" value="Submit"/> <input type="button" value="Close"/>					

Internal Messages

To view the message click on the message "Subject". To send the message to the desired person in your office select the name from the drop down list, click on the select box and then click on "submit".

Internal Messages				
Patient Name	Subject	Req. Date	Send To	Select
Test Onions	Patient Portal - Mail From Test Onions	1/6/2010 5:59:38 AM	Select	<input type="checkbox"/>
Test John	From Portal - Test John [Fourth Visit]	1/6/2010 10:08:00 PM	Select	<input type="checkbox"/>
THARPE AMY	Medical Records	1/14/2010 4:01:53 PM	Select	<input type="checkbox"/>
<input type="button" value="Submit"/> <input type="button" value="Close"/>				

The notified person can respond to the patient's message by clicking on reply.

Welcome, Johnson, William! [Back to inbox](#) << Previous [Next >>](#)

Date: 3/4/2010 2:54:22 PM
From: FINLD8967
Subject: Patient Internal Message -- Finley Doug -- medical records
To: WILLIAM

i need my medical records

Patient portal Imported Report

This report will give you the list of patients within a given date range to whom you had sent the portal id.

To send the portal id again click on "ID Send".

To exit from this screen click on "Close".

Patient Portal WorkBench

New Patient 3 Exist Patient Request 2 Appt Request 3 Med. Refill Request 2 Order Request 4 Internal Message 3

Patient Portal Imported Report

StartDate: ToDate:

Last Name	First Name	DOB	SSN	Imported Date	Email Status
HART	JANICE	9/9/1978	987587043	12/15/2009	ID send
HENDRY	TEST	4/5/1997	034394383	12/21/2009	ID send
JOHNSON	JOHNSON	9/23/1978	895768597	1/5/2010	ID send
MARSH	MICKY	5/7/1990	092320832	12/21/2009	ID send
PETTER	TEST	1/11/1987	198765457	1/5/2010	ID send
REESE	BRENDEN	1/9/2003	789456123	1/5/2010	ID send
REESE	JONATHAN	10/13/1979	123456789	12/18/2009	ID send
SAM	TEST	8/6/1987	043498483	12/21/2009	ID send
SANCHEZ	CARLA	9/9/1978	894757876	12/17/2009	ID send
SMITH	WENDY	9/9/1989	874695786	1/5/2010	ID send
TEST	HONEY	6/4/1990	099434343	1/5/2010	ID send
TEST	JOHN	6/5/1987	093434983	1/6/2010	ID send
TEST	MASCO	9/6/1986	940549584	12/21/2009	ID send
TEST	MOUSE	12/4/2001	000000000	12/17/2009	ID send
TEST	ONIONS	12/8/1984	023456789	1/6/2010	ID send
VIJAY	TEST	7/8/1980	049304930	12/21/2009	ID send

Other ways to enter and send patient portal Login Information:

If you have a new/existing patient or if a patient has forgotten their username and password you can enter in the patient email address in the patient information screen, save this information and then click on "Send Portal ID".

The patient will now receive an email with the portal login information.

DoctorsPartner

Edit Patient Information

First Name* Alison	Middle Name 	Last Name* Carlson	Social Security No* 784597869
Date Of Birth* 9/13/1972	Age* 37	Gender* Female	Marital Status Married
Address1* 7845 duprey lake	Address2 	Address3 	City* Jmelbourne
State* FL	ZIP* 89457	Student Status* Not a Studen	Work Status* Full Time
Home Phone* 9857689576	Work Phone Ext. No. 	Email acarlson@yahoo.com	Race Select
Emergency Contact 	Emergency Phone 	First Visit Date 	Preferred Physician* Banner Bruce
Cell No 	<input type="checkbox"/> Do Not Bill Patient	<input type="checkbox"/> Patient Bill To Address	<input type="checkbox"/> Do Not Call
Phone Number To Call 	Expire Visit Date 	<input type="checkbox"/> Disable e-sharing	
Primary Care Physician Select			
Notes/Comments [Box 015] 		Patient Notes(Shared Notes) 	

Document Management Ref.By Insurance Res.Party Employment Forms Pack Save Changes Send Portal ID Close