



Patient Portal

Check in for your appointment through your Connect account

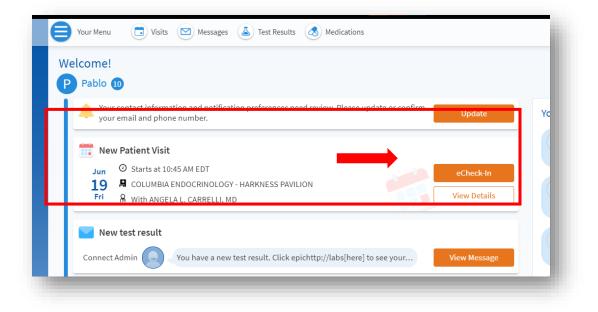
You'll save time on the day of your visit and can review your information on a computer or mobile device from the comfort and safety of your home, office, or anywhere you choose. You'll receive an email reminder to complete eCheck-In ahead of your visit.

During eCheck-In, you'll be asked to:

- Review or update personal information, including insurance coverage
- Review or update your medications, allergies, and current health issues
- Complete appointment-related forms
- Pay visit copay, if needed
- Pay pre-payments and remaining balances, if needed

Use the steps below as a guide to complete the process.

- **1.** Log into your Connect account. On the Welcome page, you can click on the prompt to view details for your upcoming appointment.
- 2. Click the eCheck-In button. Note: this prompt is available up to five days before your appointment.







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3. Review your personal information. Click the Edit buttons to update any of the information.

ease review the person ease edit the appropria ormation is correct' ch	ate card and ther	click Save Change				
erify Your Personal	Information					
ontact Information			Details	About Me		2=
75 Lexington Avenue EW YORK NY 10022 oing somewhere for a while dd a Temporary Address	2 2 月 Not	-453-9059 (preferred entered entered 2025@nyp.org E	, Not ente Gender la Not ente Sexual Or Not ente Race	entity ered ientation ered COMBINATIONS N BED	Legal Sex ① Male Sex Assigned Not enterer Marital Status OTHER Ethnicity NOT DECLINED Religion Other	at Birth d
This information is a	orrect					

4. A Review of Systems form will need to be completed if you are seeing a provider for the first time, or if you have not completed this form in the last year.

-		-	<u>*</u>		1
Personal Info Qu	uestionnaires	Insurance	Medications	Allergies	Health Issues
Review of Systems					
or an upcoming appointment with ANG	GELA L. CARRELLI,	MD on 5/21/2020			
Please indicate ALL that you have exper	ienced within the p	past 6-12 months.			
Constitutional					
			Yes		No
		Chills	Yes		No
		Chills Fatigue			
	Unexplained		0		0





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5. Based on the reason for your appointment, you may be asked to complete a specialty-specific form (see an example CT Scan Safety Questionnaire below).

1			∕‰			L
Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	Sign Documents
CT Scan Sat	fetv Oues	tionnair	e			
or an upcoming appo						
Please respond to each	n question or stater	nent below.				
Do you have an aller	gy to Latex?					
Yes No						
Do you have an aller	gy to lodine?					
Yes No						

6. Complete the COVID Symptoms Screening. *If you do develop any of these symptoms before your appointment, you must call the office* **BEFORE** *you come in. Please note that this form is only available 2 days ahead of your appointment.*

eC	heck-In						_
	1		+	1		/	L
	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	Sign Documents
Pi	e-Visit C	OVID Sym	otoms So	creening			
For	an upcoming app	pointment with Ethe	l Siris, MD on 5/2	20/2020			
*In	dicates a required	d field.					
	you currently inge in Taste or	have any of the foll Smell?	owing sympto	ms: Cough, Fever,	Shortness of E	reath, Sore Thro	oat, Diarrhea,
	Yes No						
*If	you were recent	tly diagnosed with	COVID, have yo	ou had any of the	above symptor	ns in the past 10	days?
	Yes No						
C	ONTINUE FIN	NISH LATER CAN	CEL				
							_





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7. Review your insurance coverage on file. If you do not have any insurance on file or your coverage has changed, add a coverage.

	1		=	2	<u>í</u>		
	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	
quest update ovider accep	es. Click on the ADD A ts the insurance. Cor	A COVERAGE section to ntact the practice if yo	add additional co u are unsure wheth	verage(s). Note that a er your insurance will	dding an insurance be accepted. Any u	rage or Remove coverag here does not guaranter updates will be sent to th c' checkbox and click the	e that the le practice
isurance on	File						
			You have no in	surance on file.			
	+ ADD	A COVERAGE					
This infor	mation is correct						
BACK NE	XT FINISH LATE	R					
			BACK TO TH	E HOME PAGE			

8. In the payments section, you can pay the visit copay or any other pre-payments associated with this visit, if applicable.

1		•	2	2		0	
Personal Info	Questionnaires	Insurance	Payments	Medications	Allergies	Health Issues	
ease select the amoun	ts you wish to pay bel	ow.					
ayment for This Visi	it						
Copay 25.00 (Amount due							
223.00 (Aniount due	-7						
		_					
Pay copay later							
Pay copay later							
BACK PAY \$25.00	FINISH LATER						
		BA	CK TO THE HOME P	AGE			





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9. Review and update your current medications list.

	-		-	1				
	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues		
Current Media	ations							
EMOVE button t nore links will ta	o request update: ke you to additior		EDICATION link to a	dd new medications o Il 911 if you have an em	or medications wit ergency.	r the medication and cl h the correct dosage. Tl		
aspirin 0.3 Ca (1) Learn more Take 0.3 mg by	mouth once. indi	ications: pain	\bigcirc	Crestor 20 MG Ta Generic name: rosuv (1) Learn more			\bigcirc	
🗊 Remove				📋 Remove				

10. Review and update your current preferred pharmacies on file.

ist of all Your Preferred P.	harmacies
	nk to add additional pharmacies. Multiple pharmacies are allowed. To remove a pharmacy from your record, click on the so it is no longer highlighted in yellow. When the section is updated, select the 'This information is correct' checkbox
	You have no pharmacies on file.
	+ Add a pharmacy

11. Review and update your current allergies.

	1		-	2	<u> </u>	0
P	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues
	nk to add additi s 4/2019		arn more links will t	ake you to additional zole-Trimethoprim	information abo	button to request updates. Click on th but that allergy. Call 911 if you have an o Known Allergies Jddel 12/7/2019) Learn more
	DD AN ALLERG	Y				





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12. Lastly, update current heath issues and submit the eCheckin questionnaire.

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	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	
n the ADD A H						DVE button to request updates. Click prmation about that health issue.	
Hypertension Added 6/26/201 (i) Learn more	2019		Diabetes mellitus due to underlying condition Added 6/26/2019 (i) Learn more		Added 6/27/2	Chinese restaurant syndrome Added 6/27/2019 (i) Learn more	
Red eye Added 5/23/201 (i) Learn more			+ add a h	HEALTH ISSUE			

For any questions, or additional support, please call Connect Technical Support at (646) 962-4200 or visit MyConnectNYC.org