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COLUMBIA

通过您的 Connect 账户办理预约登记

您会在就诊当天节省时间,并且可以在家里、办公室或你选择的任何地方舒适安全地在电脑或移动设 备上查看您的信息。您会收到一封电子邮件,提醒您在就诊前完成电子报到。

在电子报到期间,您会被要求:

- 查看或更新个人信息,包括保险范围
- 查看或更新您的药物、过敏症和当前的健康问题
- 完成与预约有关的表格
- 如果需要,支付就诊共付额
- 如果需要,支付预付款和剩余的余额

使用下面的步骤作为指南来完成这一过程。

- 1. 登录您的 Connect 账户。在欢迎页面上,您可以点击提示,查看您即将到来的预约详细信息。
- 2. 点击电子报到(eCheck-In)按钮。注意: 该提示在您预约前五天内才可以使用。

Voi Voi	r contact information and polification proferences need review. Diease update or confirm	Update
Ne	O Starts at 10:45 AM EDT	
19	COLUMBIA ENDOCRINOLOGY - HARKNESS PAVILION	eCheck-In
Fri	🖁 With ANGELA L. CARRELLI, MD	View Details





3. 查看您的个人信息。点击**编辑(Edit)**按钮来更新任何信息。

ease edit the approprior	riate card and the checkbox and clic	n click Save Chan k the NEXT buttor	ges to make upda n.	tes. When the card i	is updated, select t	he 'This
erity your Person	al information					
ontact Informatior	1		Details	About Me		2=
75 Lexington Avenue IEW YORK NY 10022 oing somewhere for a whi dd a Temporary Address	會 64 □ No i ^{le?} 聞 No ■愛 pa:	5:453-9059 (preferre t entered t entered t 2025@nyp.org	ed) Preferree Not ent Gender h Not ent Sexual O Not ent Race OTHER DESCR Languag ENGLIS	I First Name (1) ered dentity ered ered COMBINATIONS NC BED a H	Legal Sex (i) Male Sex Assigned at E Not entered Marital Status OTHER Ethnicity DECLINED Religion Other	širth EDIT

4. 如果您是第一次见医疗服务提供者,或者您在过去一年中没有填写这个表格,就需要填写系统 审查 (Review of Systems)表。

	1				.	1	
	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	
Review	of System	IS					
or an upcomir	ng appointment wit	h ANGELA L. CARRELL	I, MD on 5/21/2020				
Please indicate	ALL that you have	experienced within the	past 6-12 months.				
· · · · ·							
constitutiona	l						
Constitutiona	l			Yes		No	
Lonstitutiona	1		Chills	Yes		No	
Lonstitutiona	1		Chills Fatigue	Yes		No	
Constitutiona	1	Unexplaine	Chills Fatigue ed Weight Change	Yes		No O O	





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5. 根据您的预约原因,可能会要求您填写一份特定专科的表格(见下面的 CT 扫描安全问卷[CT Scan Safety Questionnaire]示例)。

eCheck-In						
1		•	^			L
Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	Sign Documents
CT Scan Sa For an upcoming app Please respond to ea Do you have an alle Yes No	pointment with Ethe ch question or state ergy to Latex?	tionnair I siris, MD on 5/ nent below.	e 20/2020			
Do you have an alle	ergy to lodine?					_
Yes No		_	_	_	_	_

6. 完成 COVID 症状筛查。如果您在预约前出现任何这些症状,您必须在来之前给办公室打电话。 请注意,这份表格只能在您预约前2天可供使用。

eChe	eck-In						
	1		•	1		/	L
1	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	Sign Documents
Pre	-Visit C	OVID Sym	otoms S	creening			
For an	upcoming app	pointment with Ethe	l Siris, MD on 5/	20/2020			
*Indic	ates a required	d field.					
*Do y Chang	ou currently ge in Taste or	have any of the foll Smell?	lowing sympto	ms: Cough, Fever,	Shortness of E	Breath, Sore Thro	at, Diarrhea,
	Yes No						
*If yo	u were recent	tly diagnosed with	COVID, have y	ou had any of the	above symptoi	ms in the past 10	days?
	Yes No						
CON	TINUE FIN	NISH LATER CAN	CEL				
	_						



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7. 查看您已备案的承保范围。如果您没有任何已备案的保险,或者您的保险已经改变,请添加一 个保险。

eCheck-In	l						
	1		-	∕%		1	
	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	
Please review f request update provider accep for review befo putton.	the insurance inform es. Click on the ADD ts the insurance. Co re adding it as an Ac	nation that we have on A COVERAGE section to ntact the practice if yo :tive Coverage. When t	file. If the informat add additional co u are unsure wheth he section is updat	ion is incorrect, click of verage(s). Note that a ver your insurance will ed, select the 'This inf	on the Update cove dding an insurance be accepted. Any u ormation is correct	rage or Remove coverage here does not guarantee t updates will be sent to the ' checkbox and click the N	links to hat the practice EXT
Insurance on	File						
			You have no in	surance on file.			
	+ ADD	A COVERAGE					
This infor	mation is correct						
BACK NE	TINISH LATE	R					
			BACK TO TH	E HOME PAGE			
	_				_		_

8. 在支付部分,您可以支付该次就诊的共付额或与该次就诊相关的任何其他预付额(如果适用)。

1		•		^		<i>_</i>	
Personal Info	Questionnaires	Insurance	Payments	Medications	Allergies	Health Issues	
lease select the amoun	ts you wish to pay bel	DW.					
Payment for This Visi	t						- 1
Conav							- 1
\$25.00 (Amount due							
Pay copay later							
BACK PAY \$25.00	FINISHLATER						
		BA	CK TO THE HOME PA	GE			- 1





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9. 审查并更新您的当前药物清单。

	-	1		É. /		
Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues	
Current Medications						
elow are your current medical EMOVE button to request upd nore links will take you to addi	ions. If you are not curre ates. Click on the ADD A M tional information about	ntly taking a medica MEDICATION link to a that medication. Ca	ation or have changed add new medications o all 911 if you have an em	dosage, hover ove or medications wit ergency.	r the medication and cli h the correct dosage. Th	ck on the le Learn
aspirin 0.3 Capsule ① Learn more Take 0.3 mg by mouth once.	ndications: pain	\bigcirc	Crestor 20 MG Ta Generic name: rosuv (1) Learn more	ablet vastatin		\oslash
	🗊 Remove		📋 Remove			

10. 审查并更新您已备案的当前首选药房。

L	ist of all Your Preferred Pharmacies
C s	lick on the ADD A PHARMACY link to add additional pharmacies. Multiple pharmacies are allowed. To remove a pharmacy from your record, click on the tar next to the pharmacy name so it is no longer highlighted in yellow. When the section is updated, select the 'This information is correct' checkbox nd click the NEXT button.
	You have no pharmacies on file.
	+ Add a pharmacy

11. 审查并更新你目前的过敏症。

	1		-	٠.	.	- /
	Personal Info	Questionnaires	Insurance	Medications	Allergies	O Health Issues
v are your N ALLERG Jency. Penici Added :	current allergies. If SY link to add additi Ilins 11/14/2019	you no longer have an ional allergies. The Lea	allergy, hover ove rn more links will t Sulfamethoxa Hives, Rash	r the allergy and click take you to additional zole-Trimethoprim	on the REMOVE I information abo	button to request updates. Click on the ut that allergy. Call 911 if you have an o Known Allergies ded 12/7/2019
() Lea	rn more		(i) Learn more			j Learn more
	+ ADD AN ALLERG	r				





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12. 最后,更新当前的健康问题并提交电子报到问卷。

	<u> </u>					
	Personal Info	Questionnaires	Insurance	Medications	Allergies	Health Issues
Below are your on the ADD A HE Call 911 if you ha	current health issu EALTH ISSUE link to ve an emergency.	es. If you no longer ha add additional healt	ave a health issue, h h issues. The Learn	over over the issue an more links will take yo	d click on the REMO ou to additional info	DVE button to request updates. Click rmation about that health issue.
Hypertension Added 6/26/2019 (i) Learn more	9	Dia coi Add	abetes mellitus du ndition ded 6/26/2019 Learn more	e to underlying	Chinese re: Added 6/27/2 (i) Learn mo	staurant syndrome 019 re
Red eye Added 5/23/201 () Learn more	9		+ ADD A H	HEALTH ISSUE		

若有任何问题或需要其他支持,请致电 (646) 962-4200 联系 Connect Technical Support(技术支持部)或访问 MyConnectNYC.org