

New Patient Paperwork – Intakes, Questionnaires, & Consent Forms

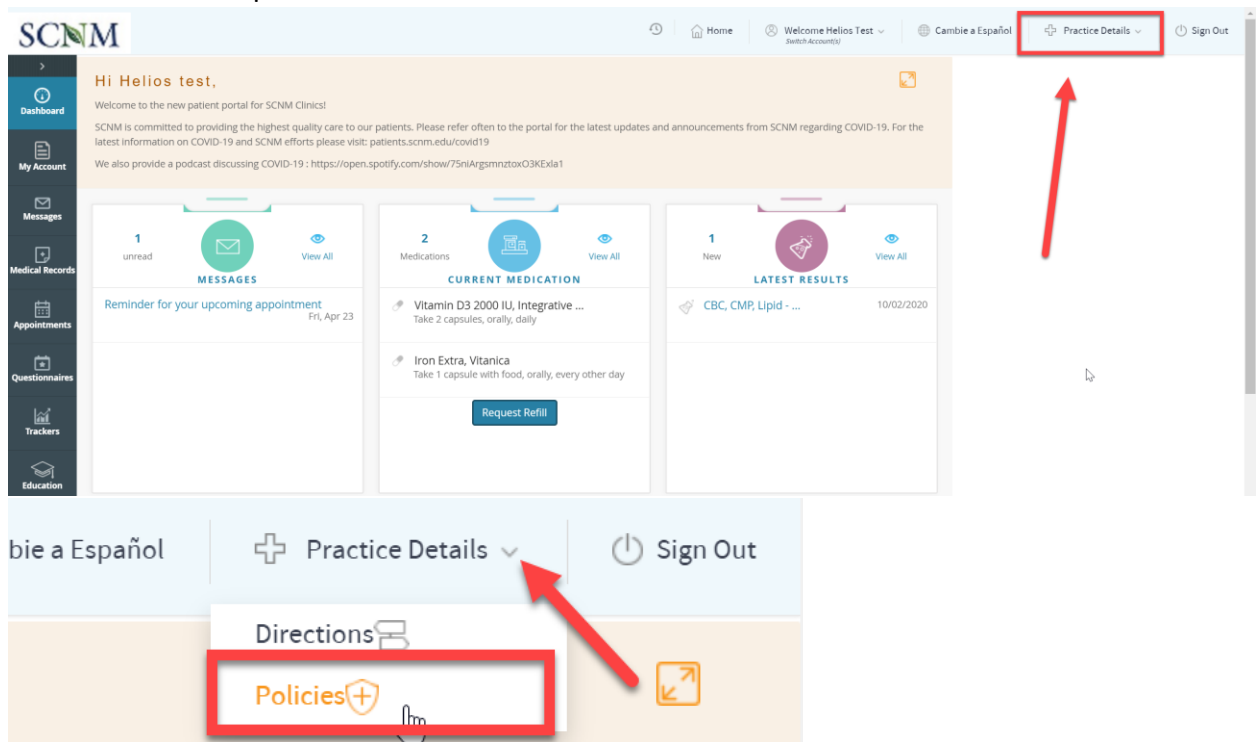
New Patients, please complete **Consents Sign-Off**, and **New Patient Intake** from a **computer** (not mobile) on the patient portal at <http://health.healow.com/scnm>

Consent Forms

View practice policies **separate** from **signing off** on consents from the patient portal home page.

Viewing Practice Policies

1. From the Patient Portal Home page - view practice policies under “**Practice Details**” – “**Policies**” at the top of the screen



Scroll down to view SCNM Clinics Practice Policies

Policies

PATIENT RIGHTS & RESPONSIBILITIES

During a visit to SCNM Medical Center, patients have the rights:

- To be treated with dignity, respect, and consideration.
- To not be discriminated against based on the basis of race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis or source of payment.
- To receive treatment that supports and respect the patient's individuality, choices, strengths, and abilities.
- To receive privacy in treatment and care for personal needs.
- To review, upon written request, their own medical records within a reasonable time frame.
- To receive a referral to another healthcare institution if the outpatient treatment center is not authorized or unable to provide physical health services or behavioral health services for the patient.
- To participate or the patient's representative participate in the decisions and development of, or decisions concerning, treatment.
- To participate or refuse to participate in research or experimental treatment.
- To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- To be informed how to report comments, complaints and grievances about a visit and to get resolution to them. Comments or complaints may be directed to the staff most directly involved in the situation and/or to the center's manager or Director of Clinical operations.

To not be subjected to:

- Abuse, Neglect, or Exploitation;

Sign Practice Consents

After reading SCNM Clinics Practice Policies, sign your consents from the **Questionnaires** screen

1. From the left menu band, click **"Questionnaires"** – **"Practice Forms"**

SCNM

Hi Helios test,
Welcome to the new patient portal for SCNM Clinics!

SCNM is committed to providing the highest quality care to our patients. Please refer often to the portal for the latest information on COVID-19 and SCNM efforts please visit: patients.scnm.edu/covid19

We also provide a podcast discussing COVID-19 : <https://open.spotify.com/show/75niArgsmnztoXO3KEla1>

1 unread MESSAGES View All

Reminder for your upcoming appointment
Fri, Apr 23

2 Medications CURRENT MEDICATION

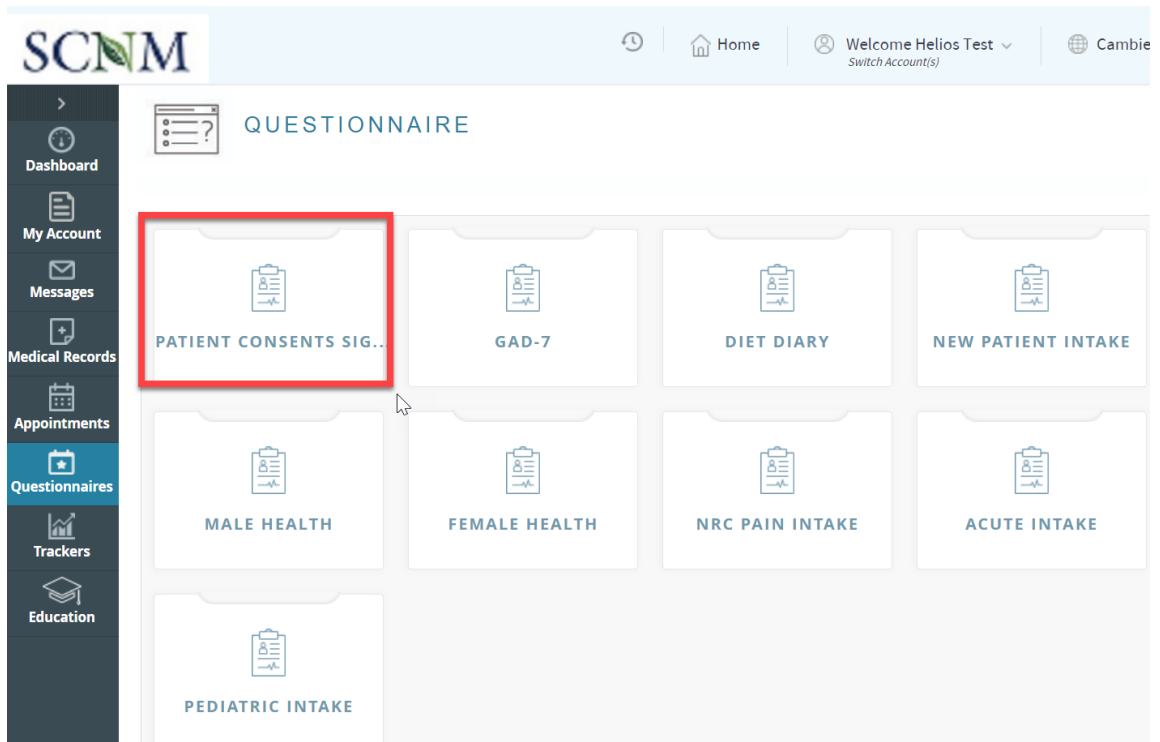
- Vitamin D3 2000 IU, Integrative .
Take 2 capsules, orally, daily
- Iron Extra, Vitanica
Take 1 capsule with food, orally, every

Request Refill

Dashboard
My Account
Messages
Medical Records
Appointments
Questionnaires
Trackers
Education

Practice Forms
Surgical and Allergies

2. Click on **“Patient Consents Sign-Off”**



3. Complete the **“Patient Consents Sign-off”**, complete by clicking **“Submit Request”** button at the bottom

SCNM Mailing List

Join the SCNM mailing list for electronic and print notifications including but not limited to health programs, ev discounts, and newsletters

- Yes
 No

[Submit Request](#)

New Patient Intake Form

Patients must complete the **New Patient Intake** questionnaire first, and either the **Male Health** or **Female Health** questionnaires

1. From the left menu band, click **“Questionnaires”** then **“Practice Forms”**

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1 unread **MESSAGES** View All

Reminder for your upcoming appointment
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2 Medications **CURRENT MEDICATION**

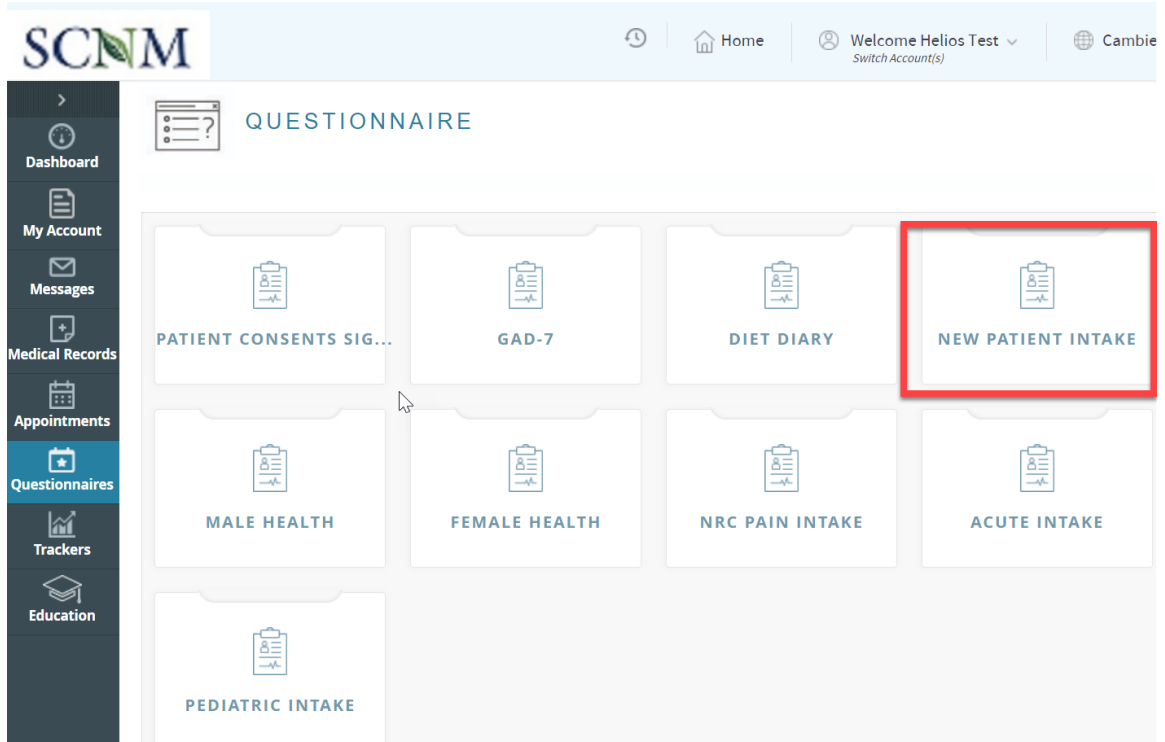
Vitamin D3 2000 IU, Integrative .
Take 2 capsules, orally, daily

Iron Extra, Vitanica
Take 1 capsule with food, orally, every

Request Refill

Questionnaires
Practice Forms
Surgical and Allergies

2. Click **“New Patient Intake”** from the list of available questionnaires



3. Answer the questions on each page, and click **“Submit and Next”** to go to the next page

The image shows a questionnaire page with a dark sidebar on the left. The main content area has a question: 'When did you have your last blood work complete? (mm/dd/yyyy)' followed by a text input field. Below this is a section header 'Medical Imaging' with a horizontal line. Underneath, there are two instructions: 'For each x-ray you have had done indicate date, area of body and reason.' followed by a text input field, and 'For each MRI or CT Scan you have had done indicate date, area of body and reason.' followed by another text input field. At the bottom right of the form is an orange button labeled 'Submit and Next >>' with a red arrow pointing to it. At the very bottom of the page is a footer: 'Copyright ©2020 eClinicalWorks. All rights reserved. version Portal8.2.17.2.22. Use of this website constitutes of our Terms Of Use'.

4. To complete the intake, click **“Submit Request”** Button

- Yes
- No

Family history of wheat allergy or celiac disease

- Yes
- No

Submit Request

5. Return to the **Practice Forms** screen to complete either **Male Health** or **Female Health** questionnaire

