

Dr. Chrono Onpatient portal

The Electronic Medical Record (EMR) that I use has the functionality to connect with patients in a secure HIPPA compliant format. The Onpatient portal will allow you to take care of many tasks prior to appointments that will allow us to focus on the immediate concerns when we meet.

Three of the tasks that you can complete online are: (1) the signing of all forms necessary to start treatment, (2) Gathering of a medical history, psychiatric care history, and a family medical and psychiatric history, (3) Completion of assessment scales prior to each appointment.

The completion of your personal medical and psychiatric history along with your family member's history prior to the appointment allows me to review where we have been before we start. Thus ensuring we do not repeat past treatment.

I have included instructions on how to complete those forms below under "Instructions for completion of Onpatient Additional Information Prior to the First Appointment". The completion of these forms should take **no more than 15-20 minutes**. Completion of these forms eliminates the need for you to come early to your first appointment and saves valuable time when we first meet so that we can focus on your most pressing concerns.

If you cannot complete these forms online, please notify us ASAP. I cannot begin our session until you sign the consents, which are part of this process. I can get them to you in another electronic format but need to know this as soon as possible. I can have this paperwork ready for you when you arrive but you will need to come 30 minutes early to complete this and there is a processing fee of 25.00 since all of the information would need to be entered manually into your EMR.

Failure to complete these tasks or notify me of the need for an alternative method to do so will lead to time taken away from our initial appointment potentially delaying completion of diagnostic interview and receiving treatment. Resulting in the necessity of scheduling additional appointments prior to starting your journey toward wellness.

Questions or Concerns after your First Visit

The Onpatient portal allows you to email us about any questions or concerns you may have after your first visit and before your follow up appointment. Please feel free to send messages through the portals message function about any concerns that you may have such as medication side effects, or a change in symptoms. You can send messages to Kymi Black our office nurse, Joanne Councilll our office manager or to myself. Kymi will contact me prior to responding to any emails about medication and or symptom changes so rest assured that if she responds she has been in direct contact with me regarding your email.

Release of Information for Past Records

You will be able to download a release of information form one of 2 ways.

1. By clicking the link below or going to our website. Our website can be accessed by searching Council Psychiatric Care Specialists and using the drop down menu to select new patients.

<http://www.councilpsychiatric.com/newclients.html>

2. From Onpatient Portal after completing the forms by following the instructions below.

Please download as many copies as you need to. Once you have downloaded the form please completely fill it out.

You will want to complete one form for each of your medical or psychiatric providers (therapists, Psychiatrists, Nurse Practitioners, Medical Providers) or for your son's or daughter's providers if they are the one being seen by me.

Please include any psychological testing done by your son or daughter's school or other providers.

Be sure to also include any inpatient records for psychiatric hospitalization as well.

By receiving past records I am able to clearly see what providers have diagnosed, prescribed, or treated you or your loved one with in the past. **This is very important** as it allows me to get a clear picture of what has been done in the past and allow us to move forward from there rather than reviewing treatment history. I will review all records prior to your first appointment with me.

Instructions for Completion of Onpatient Additional Information Prior to the First Appointment

These Instructions will help you to fill out the information contained in the Onpatient additional information section.

The forms that you will need to complete can be accessed by accepting the Onpatient invite sent to you in a separate email from this one. You should have received the invite along with this email when you scheduled your first appointment. Your access invitation is only good for 5 days after it has been sent. So if you waited longer than 5 days to sign up for the onpatient portal you can contact the office manager Joanne either through email or by phone and she will send you a new invite. Once you have received your invite you can sign up by following the link in the invite and entering your date of birth and phone number.

1. Once you have accessed the portal click on the “check in” box.
2. Fill in the boxes with your address emergency contact etc until you reach the section titled “Additional Info”
3. The First box in this section is titled “established patient” click on this box. You will see several additional boxes you can click on after you have clicked “established patient”. These are the scales that you will fill out before each appointment in the future. The scales allow us (you and I) to more accurately determine how effective the medications are at lessening or eliminating your symptoms.
4. Check or click on the box labeled “CUDOS Depression and Anxiety”
5. You will see a picture appear with instructions in it. Review the instructions then complete the information by selecting the most applicable choice for each. When you reach the next check box titled “Severity of Posttraumatic Stress Symptoms- Adult” stop and proceed to the next step (#6 below).
6. Check or click on the box labeled “medical history”
7. Each of the questions in this section are numbered. The space to place instructions in the Dr.Chrono system is limited and so this document will fully explain the required information for those fields that may require a fuller explanation due to limited space.

Questions 1-11 deal with personal medical history for yourself or your son or daughter

1. Question 1 asks about any types of medical illness you have experienced or been diagnosed with in the past or recently. You can Click on the box underneath the question and select any of the illnesses by clicking on them. (To select multiple answers please hold down the Control key. For MAC users hold down the command key). You can select as many illnesses/diagnoses as applicable.

2. Question 2 is a follow up to question 1 and asks that you document when you were first diagnosed with each of the illnesses/diagnoses that you selected in question 1. A year is accurate enough as far as the time diagnosed. You do not need to list the month and day.

3. This question is asking if you have ever had the following surgeries. You can Click on the box underneath the question and select any of the surgeries by clicking on them. You can select as many surgeries as applicable. (To select multiple answers please hold down the Control key. For MAC users hold down the command key).

4. Question 4 is asking what year each of the surgeries was completed in question 3. A year of completion is all you need to indicate here.

5. This question is asking about any illnesses you or your loved one may have experienced as a child. You can Click on the box underneath the question and select any of the illnesses by clicking on them. You can select as many illnesses/diagnoses as applicable. (To select multiple answers please hold down the Control key. For MAC users hold down the command key).

6. Similar to what you did for questions 2. and 4. you just need to list the illnesses you selected in question 5. and indicate approximately what year they occurred.

7. Question 7 asks you to select the immunizations you have had. You can Click on the box underneath the question and select any of the immunizations by clicking on them. You can select as

many immunizations as applicable. (To select multiple answers please hold down the Control key. For MAC users hold down the command key).

8. Question 8 is asking approximately what year your last physical exam was completed.

9. Question 9 is asking for the name of your primary care physician.

10. Question 10 is asking for the contact information of your primary care physician. A phone and fax number are all that is needed here.

11. Question 11 is asking if you or your loved one sees any type of specialist. Similar to the earlier questions you can select as many providers as applicable by clicking on them in the drop down box.

Questions 12-16 are asking about family medical history for yourself or your son or daughter

You will need to click on the box titled “Family Medical history” to open this section. Once you click on it the questions will appear.

This group of questions (12-16) can be completed by selecting the appropriate diagnoses/illness for each of the family members that share a genetic bond with you or your son or daughter. You can select as many diagnoses/illnesses as applicable from each of the drop down boxes. (To select multiple answers please hold down the Control key. For MAC users hold down the command key.)

The comments box next to each of the questions can be used to add illnesses or diagnoses that are not contained in the drop down lists.

Questions 17-26 are asking about social history for yourself or your son or daughter

You will need to click on the box titled “Social History” to open this section. Once you click on it the questions will appear.

17. This question is asking about marital status

18. Question 18 is a follow up to question 17 and is not applicable to children. Question 18 should be completed if you have been divorced in the past. Please include a short typed history in the text box indicating the following;

- (a) To whom were you married.
- (b) How long were you married?
- (c) Reasons for the marriage ending (You can use a 1-2 word description here such as (unable to get along, infidelity, etc.),
- (d) The number of children you and your partner had during that marriage along with their ages and names.

You can also list past relationships in which you had children in this box and fill in the details as applicable.

19. Question 19 is asking about what kind of dwelling you currently live in. Which can be selected from the drop down box.

20. Question 20 is asking you to list the high school you graduated from and the date of graduation and can be completed like this for example (Central High School, 1978). **This question is not applicable for pediatric patients.**

21. Question 21 is similar to question 20 and asks you to list the college, year of graduation and degree obtained (example; UNO, 1994, Bachelor's in Business) If it is not applicable you can leave it blank. **This question is not applicable for pediatric patients.**

22. Question 22 is asking you to list all of your biological children and their ages. **This question is not applicable for pediatric patients.**

23. Question 23 is asking you list your current occupation. **This question is not applicable for pediatric patients.**

24. Question 24 is asking how long you have been employed at your current place of work (example 1992-1998). **This question is not applicable for pediatric patients.**

25. This question is asking about the frequency (how often) you are having sexual intercourse with your partner. It is used to determine changes in frequency after starting a medication which may or may not affect your libido (desire to initiate or participate in sexual intercourse) **This question is not applicable for pediatric patients who have not engaged in sexual activity.**

26. Question 26 is asking about any sexual difficulties you may have. You can list 1-3 word responses as applicable. Examples could be (a) decreased or limited libido, (b.) partner difficulty with maintaining erection, (c) achieving orgasm, etc. **This question is not applicable for pediatric patients who have not engaged in sexual activity.**

Questions 27-30 are asking about military history (if applicable)

You will need to click on the box titled "Military Service" to open this section. Once you click on it the questions will appear. This section can be skipped if you have not been enlisted in the military. **These questions are not applicable for pediatric patients.**

27. Question 27 is asking you to specify the branch of the military that you were enlisted in such as; (a) Army, (b) Air force, (c) Navy, (d) National Guard, (e) Coast Guard.

28. Question 28 is asking about whether or not you are still enlisted and on active duty status. You can answer by indicating yes or no.

29. Question 29 is asking you to indicate the type of discharge your received. You can type in honorable or dishonorable or other status as applicable such as medical discharge.

30. Question 30 is asking for the date you were discharged from the military.

Questions 31-32 are asking about legal history

You will need to click on the box titled “Legal History” to open this section. Once you click on it the questions will appear. This section can be skipped if you or your loved one has not had any past legal problems.

31. Question 31 is asking if you have ever been arrested and can be answered with a yes or no.

32. Question 32 is asking if you were convicted of what you were arrested for and if so what date. For this question you should list the charge and date of conviction. For example, DUI (Driving Under the Influence) 2002.

33. This question is asking about any legal problems that you have not been charged with but may currently be experiencing such as divorce.

Questions 34-42 are asking about you or your son or daughters trauma history

You will need to click on the box titled “Trauma History” to open this section. Once you click on it the questions will appear.

34. Question 34 asks if you feel safe in your current relationship. **(your answer can be kept private and not charted if you wish).**

35. Question 35 is asking for reasons or events which have contributed to you not feeling safe in your current relationship.

36. Question 36 is asking if you have ever felt physically unsafe in a past relationship.

37. Question 37 is asking if you have ever experienced, witnessed or been the perpetrator of sexual abuse.

38. Question 38 is asking for a description of the sexual abuse and duration

39. Question 39 is asking if you have ever experienced, witnessed or been the perpetrator of physical abuse.

40. Question 40 is asking for a description of the physical abuse and duration.

41. Question 41 is asking if you have ever experienced, witnessed or been the perpetrator of emotional abuse.

42. Question 42 is asking for a description of the emotional abuse and duration.

Questions 43-58 are asking about you or your son or daughters psychiatric history

You will need to click on the box titled “Psychiatric History” to open this section. Once you click on it the questions will appear.

43. Questions 43 asks for a yes or no answer regarding past psychiatric care for you or your loved one.

44. Question 44 is asking the reason(s) for which care was sought and the duration of the care. For example you could list; depression 2001-2003, 2005-2007. Try to list as many illnesses and diagnoses as applicable and the duration of care for each episode.

45. Questions 45 asks for a yes or no answer regarding past therapy for you or your loved one.

46. Question 46 is asking past therapy the reason for which care was sought and the duration of the care and the provider. For example you could list; depression 2001-2003, 2005-2007, Lisa Thompson. Try to list as many illnesses and diagnoses as applicable and the duration of care for each episode.

47. This question is asking you to list any psychiatric medications you have taken in the past. For this question it is important to list; (a) the medication dosages tried, (b) duration the medication was taken, (c) and the effectiveness of the medication.

48. Question 48 is asking for a list of current psychiatric medications and the dosage.

49. Question 49 asks if you or your loved one has ever experienced thoughts of suicide. If you or your loved one answers yes to this question, please complete questions 50-54.

50. Question 50 is asking for you to list any past suicidal thoughts with the content of the thoughts and the timeframe when the thoughts occurred.

51. Question 51 is asking if you have ever developed a plan for suicide in the past and if so what the plan was.

52. For question 52 please list any past suicide attempts with the method used and the time the attempt occurred.

53. Question 53 is asking about self-harm such as cutting, pinching the skin, burning with hot objects or other methods that may have been used to self-harm.

54. Question 54 is asking for detailed information regarding the methods to self-harm and when those methods were tried.

55. Question 55 is asking if you have ever been hospitalized for psychiatric reasons.

56. Question 56 is asking for specific information as to why you or your loved one was hospitalized and for how long you were hospitalized.

57. Question 57 is asking about a history of violence and 58 asks you to provide details about the violence.

Questions 59-82 are asking about you or your son or daughter's family and their psychiatric history

You will need to click on the box titled "Family Psychiatric History" to open this section. Once you click on it the questions will appear.

59. Question 59 asks about the fathers mental health diagnoses. (These should be confirmed diagnoses which were diagnosed and treated by a Health Care Provider. If they are not confirmed diagnoses they can be listed in the follow up question titled “mental health difficulties). Similar to the other questions with a selection box you can select as many diagnoses as necessary.

60. Question 60 asks about you or the patient’s fathers mental health difficulties. This is where you would list any diagnoses or difficulties which have not been diagnosed by a health care provider.

61. Question 61 should be used to list the duration of each applicable diagnoses and the treatment received. This question is important with regards to the treatment because many medications which are effective for a 1st degree relative have a good chance of being successful in alleviating symptoms for you or your loved one.

Questions 62-82 are a repeat of the first 3 questions as they pertain to different family members.

Questions 83-90 are asking about you or your son or daughters developmental history

You will need to click on the box titled “Developmental History” to open this section. Once you click on it the questions will appear. Some of the questions in this section may not be applicable based on individual development.

83. Question 83 asks for a yes or no answer as to whether developmental milestones were met on time. For example did you or your loved one; (a) roll over around 3-6 months, (b) crawl around 6months to a year, (c) walk around 1 year of age, etc.

84 If no areas of development were delayed this question can be skipped. If some areas of development were delayed list the area and the amount of delay.

85. Question 85 is asking if your loved one or you had specific learning disabilities such as intellectual, or social deficits. Specific deficits can be selected for questions 86 and 87.

88. Question 88 is asking if you or your loved one has an IEP (If so please give a brief description of what is contained in the IEP). This is a helpful document to review during the first appointment so please bring a copy of the IEP if you or your loved one has an IEP.

89. Question 89 asks if you or your child has participated in special education sometimes referred to as resource.

90. Question 90 asks for any additional information around what was done or is being done in the special education classroom.

Questions 91-92 are asking about you, your son, or Daughter’s Spiritual History/Practices

You will need to click on the box titled “Spiritual History” to open this section. Once you click on it the questions will appear.

Question 91 offers a drop down menu with a list of common spiritual practices.

Question 92 is an additional box to list practices that may not be in the drop down menu or it can serve as an area to offer additional information as applicable.

Reasons for Visit

Complete this section by selecting an answer to each of the questions as Applicable. You can select from; (a) Currently, (b) Past, (c) NA or non-applicable

Once you reach the last question in this section which asks about physical abuse you will see 4 checkboxes. Please select the applicable check box and fill in the information. I have included a description of each below to help you select the correct box for you or your son or daughter to complete.

1. DSM – 5 Self Rated Level 1 Cross Cutting Symptom Measure – Adult

This Form is for adults to complete so any new person over the age of 18 should click on the check box and answer the questions.

2. DSM – 5 Self Rated Level 1 Cross Cutting Symptoms Measure – Child 11-17 Crosscut

This form is for parents whose son or daughter fall into this age range (11-17 years old). If possible, both the parent and their adolescent child should complete this together. Click on the box and answer the questions.

3. DSM – 5 Self Rated Level 1 Cross Cutting Symptoms Measure – Child 6-17 Crosscut

This form is for parents whose son or daughter fall into this age range (6-17 years old). If possible, both the parent and their adolescent child should complete this together. Click on the box and answer the questions.

Consent and Signature

These forms need to be signed prior to being seen. You can sign each of them electronically by completing the following steps;

1. Click on the blue link for the form. A copy of the form will open.
2. After you have read the form at the bottom of the form you will have the option to either (a.) close the form or (b.) click I've read this document. You will want to click I've read this document.
3. Complete steps 1 and 2 for each of the forms.
4. Once you have completed those steps you can draw your signature below (it may take a couple seconds for the signing feature to activate once you have tried signing with your mouse)
5. Once you are happy with the appearance of your signature click "Save Signature"
6. Then click "I'm Done"
7. That is it you have completed all of the necessary first steps. I look forward to meeting with you or your son and daughter in a few short weeks.

