# intelehealth

# **User Manual** Frontline Health Worker's portal

A step-by-step user guide to getting started on the Frontline Health Worker's portal for v4.0 of the Intelehealth providerto-provider telemedicine platform



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#### INTRODUCTION

#### Welcome to Intelehealth App User Manual for Health Workers!

This guide will help health worker how to use the Inteleheath App to enter the Patient medical information and a remote doctor to provide teleconsultation.

In this guide, the user will learn the step-wise workflow of the App.

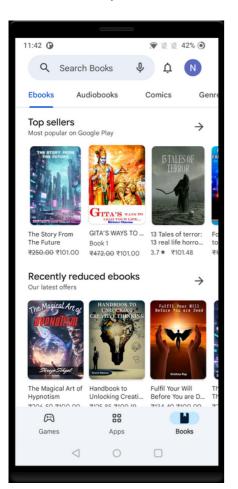
#### 2 | GETTING STARTED

#### **APP INSTALLATION**

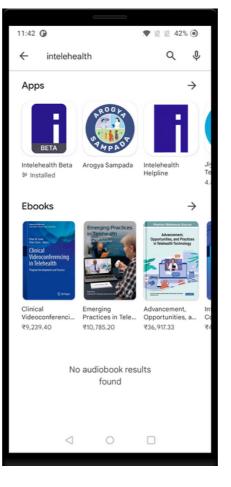
- Turn ON the internet connection on your device before installing the app.
- To install the app, you will need a good internet connection.
- Make sure the phone/tablet is charged.
- Open Google PlayStore.
- Enter 'Inteleheath' in the Search bar.
- Click on 'Install'

Step 1 - Go to the Play

Store on your device



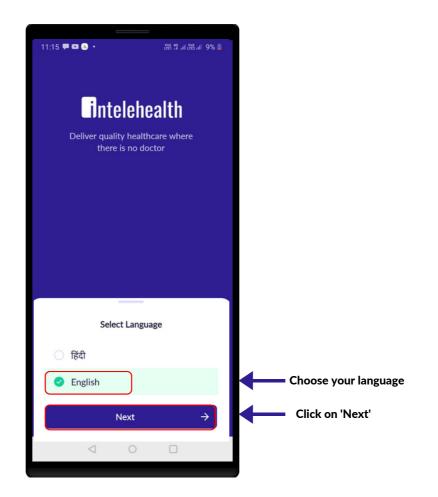
#### Step 2 - Search "Intelehealth" in the Search panel



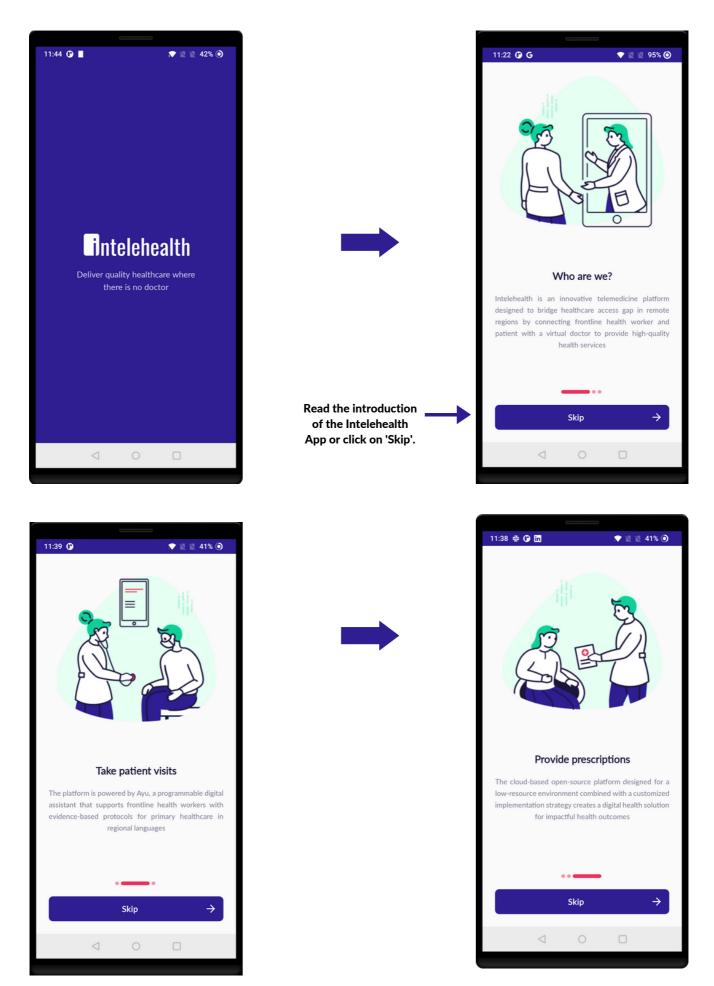
#### Step 3 - Click on 'Install'

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5.0★ 9 reviews ©	18 MB	3+ Rated for 3+ ③	Do
Telemedicine for	Revertigences		
Sponsored - Re	elated to you	r search	:
J	25% OF	P	•
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4.4 *	4.5*	4.5★	
You might a	also like		$\rightarrow$
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#### **SPLASH SCREEN**

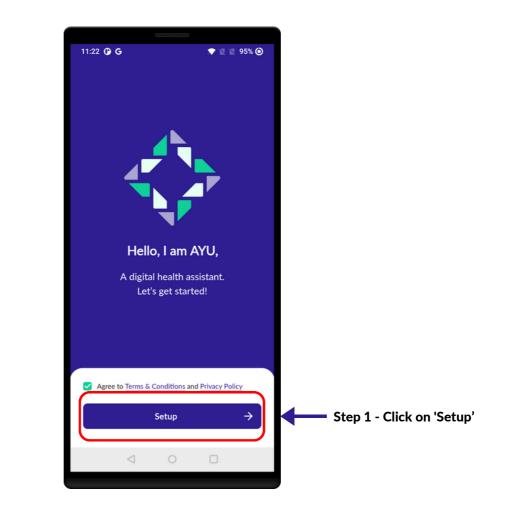


#### **SPLASH SCREEN**

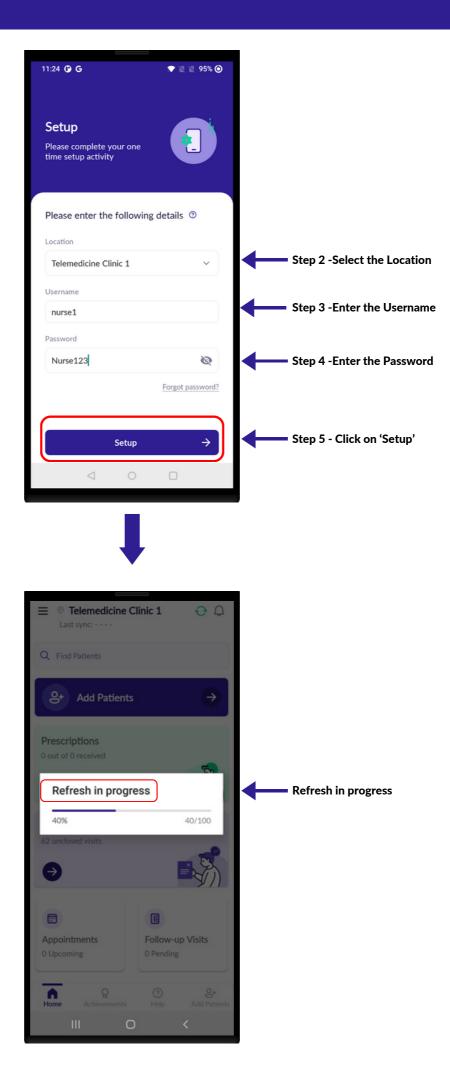


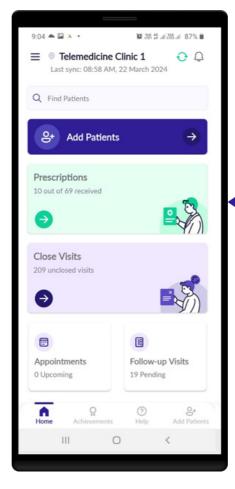
### SETUP ACTIVITY

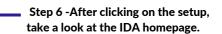
- Ensure that your internet connection is strong.
- When you open the Intelehealth app, it will display the following messages:
  - Allow the Intelehealth App to access your contacts. Click on 'Allow'.
  - Allow the Intelehealth App to access your media on your device. Click on 'Allow'.
  - Allow the Intelehealth App to take pictures and record videos. Click on 'Allow'.
- Read the introduction of the Intelehealth App or click on 'Skip'.
- Read the T&C and Privacy Policy and confirm your agreement by clicking on the checkbox.
- Choose and enter the health worker's assigned location.
- Enter the health worker's correct username and password.
- The setup is now finished.



#### 4 | SETUP ACTIVITY







### LOGIN SCREEN

- Enter the username and password provided.
- It's important to type the Password and Username correctly, as they are casesensitive, otherwise, the user won't be able to log in.

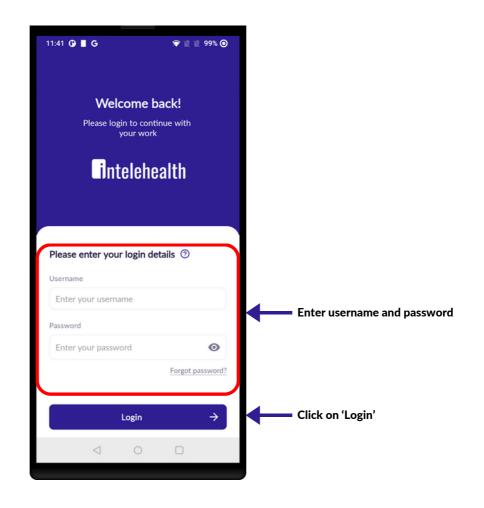
For eg. Given Username - nurse

Given Password - Nurse123

- typed username nurse
- typed password nurse123
- In the above example, the password entered is incorrect. As 'n' was entered instead of 'N', this will not let the user log in.
- If you are unable to log in, click on 'Forgot password?'.

#### Tips-

- The username and password are case-sensitive. Please ensure that you enter the same username and password as provided by the organization.
- Do not share your password with anyone on the phone, WhatsApp, Email, etc., and do not write it down in an unsecured location. Nobody from Intelehealth will ever ask you for your password. Do not share your password with anyone.



#### 6 | HOME SCREEN

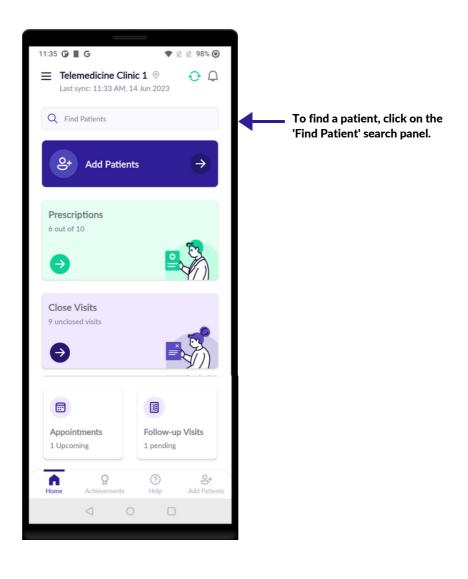
#### HOME SCREEN

#### On the home screen, you can do the following activities:

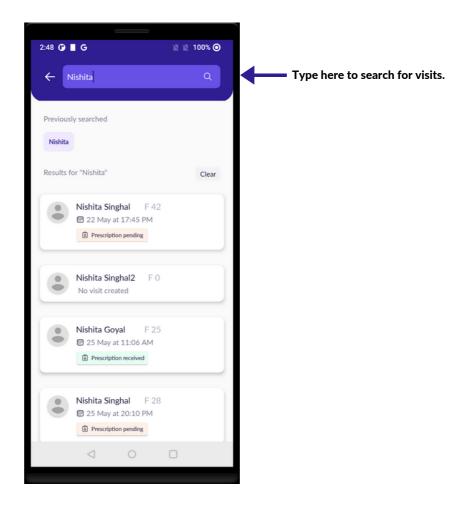
- 1. Add patient To create/register a new patient.
- 2. Find patient To search for a patient. Patients can be searched for by name, patient ID, and contact number.
- 3. Prescriptions To view all patient prescriptions.
- 4. Close visits- To view all unclosed visits.
- 5. Appointments- To view all doctor appointments.
- 6. Follow-up visit- to view all the follow-up visits.
- 7. Notification To view app notifications.
- 8. Last Refreshed button To sync patient data with the doctor portal and it will fetch all the new data from the same location.
- 9. The overflow button is represented by three hyphens at the top right corner of the screen..



In find patient, search for the patient by their patient ID or name.



On the find patient. search the patient by their Patient ID or name.



#### 6 | PRIVACY POLICY

## **PRIVACY POLICY**

- Make sure to read the privacy notice to the patient before creating a new patient.
- Make sure the patient understands the privacy notice and responds to any questions asked by them.
- If you are uncertain about the questions asked, please reach out to your supervisor or manager.
- Once the patient agrees to the privacy notice, click on the 'ACCEPT' button to proceed with registration.
- If the patient declines, click on Decline and they won't be registered.

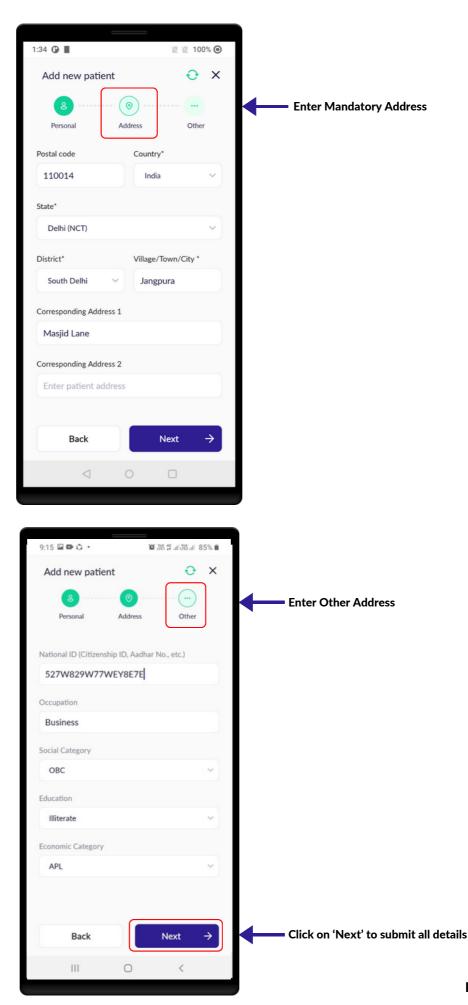
	← Privacy Policy
	Personal Information Health Worker will collect personal information and health information from you for your medical records.
	Use Your information is - used for diagnosing and treating you. - used to send you reminders, prescription information, and other related communication.
	Your personal information will be anonymized for use in research, disease monitoring, and analysis to help us improve our products and services. We may disclose your personal information in certain specific circumstances given here <u>https://www.intelehealth.org</u> /privacy-policy.
	Protection Measures We provide physical, electronic, and procedural safeguards to protect information we process and maintain.
	Access and Correction You have the right to ask for a copy of any personal information we hold about you, as well as to ask for it to be corrected if you think it is wrong. If you'd like us to delete or modify your personal data that you have provided to us, please contact the Data Privacy Officer at support@intelehealth.io and we will respond in a reasonable time.
	On clicking "Accept", I consent to the collection and use of my personal data, including health information, and to give access to the above-mentioned entities.
Click 'Decline' and the patient will not be registered.	Decline Accept Click "Accept" to proceed to the next screen.

### PATIENT REGISTRATION

- Ensure that most of the data in this section is entered. If the patient is uncomfortable providing any optional data, then you may skip collecting that data.
- All the required fields such as First and last Name, Gender, age/date of birth, village, state, and country should be entered.
- It is important to enter the date of birth, especially if the patient is a child. This will assist the doctor in managing cases.
- In cases where the patient does not know their Date of birth, add their Age instead and the app will auto-estimate their Date of Birth.
- Patient may not provide information such as caste, economic status, and education status. In such sensitive cases, do not force them.

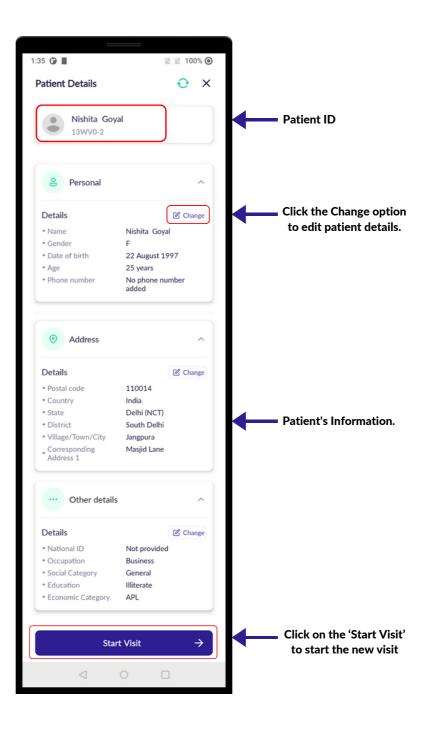
1:32 🕜 📕	🖹 🖹 100% 🙆	
Add new patient	↔ ×  Other	Enter Personal details
	D	Step 1 - Click to take a picture of the Patient
Add a pictu	re	
First Name*		Step 2 - Enter the First Name of the patient
Middle Name		
Enter middle name		
Last Name*		
Goyal		Step 3- Enter the Last Name of the patient
Gender*	බ් 🔿 Other බ්	Step 4- Select gender.
Date of Birth* 22 Aug, 1997		Step 5 - Enter your date of birth and your
Age*		age will be automatically calculated.
25 years		
Phone number		
<b>IN +91 -</b>	hone number	Step 6 - Enter the Patient's phone number
Next	÷	Step-7 -Click on 'Next' to go to the next screen
< ○		

#### **PATIENT REGISTRATION**



### **PATIENT INFORMATION**

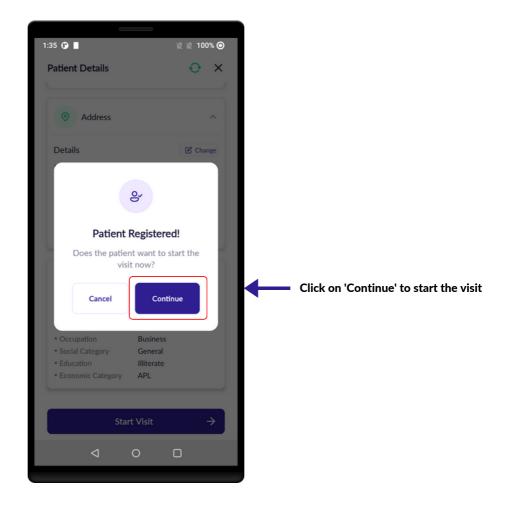
- In this screen, review all the patient information.
- A patient ID will be generated. Every patient will have a unique ID.
- Click on the Change (Edit) icon to make changes to the text entered.
- Click on the 'Start New Visit' button.
- Previous visits of the patient can be seen below the 'Start New Visit' button.
- The health worker cannot start a new visit if the previous visit is active for the same patient.



#### **START VISIT**

	100	
Patient Details	Ð	×
Nishita Goy 13WV0-2	al	
8 Personal		^
Details	Chan	ge
• Name	Nishita Goyal	
• Gender	F	
Date of birth	22 August 1997	
* Age	25 years	
Phone number	No phone number added	
<ul> <li>Address</li> </ul>		^
Details	Chan	ge
Postal code	110014	
Country	India	
• State	Delhi (NCT)	
<ul> <li>District</li> </ul>	South Delhi	
<ul> <li>Village/Town/City</li> </ul>	Jangpura	
• Corresponding Address 1	Masjid Lane	
··· Other details	;	^
	Chan	ge
Details		
	Not provided	
National ID	Not provided Business	
<ul> <li>National ID</li> <li>Occupation</li> </ul>	Business	
National ID		

#### **START VISIT**

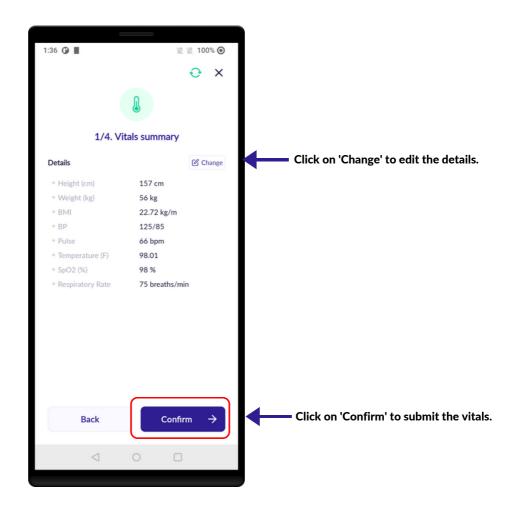


### VITALS

- Check the devices before collecting vitals.
- Follow the SOPs while collecting the vitals.
- Make sure to enter the readings correctly in the app.
- Make sure to clean the equipment used for physical examinations before seeing each patient.
- Make sure to collect as much vitals as possible.

	2:38 🛈 🗗 🝺	🗣 🖹 🖹 41% 🕥	
	Nishita Goyal F/28 years 0 months	⊙ ×	
	1/4 Vitals		
	Enter patient's body me	asurement details	
	Height (cm)	Weight (kg)	
	157	52	Enter your height and weight.
	BMI index(auto-calcula	ted)	
	21.10 kg/m (Nor	nal Weight)	BMI will be calculated automatically.
	Enter the patient's vital	s	
	BP Systolic	BP Diastolic	
Enter BP systolic readings.	125	85	Enter BP diastolic readings.
	Pulse (bpm)		
	66		Enter the pulse reading.
	Temperature (F)		
	98		Enter the temperature of the patient.
	SpO2 (%)		
Enter the SpO2 reading. ———	98		
	Respiratory Rate (breat	ıs/min)	
Enter the respiratory rate of the patient.	75		
·	4	lext →	Click on 'Next'
	$\triangleleft$	0	

#### VITALS SUMMARY



### PATIENT COMPLAINTS

- Ask the patient about their complaints and click on the box. You can select multiple complaints.
- Select the responses of the patient for each question and swipe up.
- It is important to take full history of the patient as it becomes easier for the doctor to give prescription.
- Respect the Patient and don't be judgmental while Patient are giving information.
- Maintain confidentiality of patient information at all times.

Nishita Goyal F/28 years 0 months	×
2/4 Visit reason	
<	
What is the reason for this visit? Select one or multiple reasons	
Q Type or select reason eg. Fever	Search/ Type the reason(s) for Patient visit
Selected reasons	Patient visit
Abdominal Pain X	Selected reason(s) are shown here
All reasons	_
Abdominal Pain Abdominal distention	All selected reasons are highlighted in blue
в ———	-
Back & Neck pain Blood in stool or Black stool	
Breast complaints Burns	
c	-
Chest Discomfort or Pain Cold, Sneezing	
Constipation Cough	
0	-
Diarrhea Difficulty Swallowing	
Difficulty breathing Difficulty in Hearing	
Dizziness & Vertigo Dry mouth	
Dyspepsia/Indigestion	
E	-
Ear pain	
Back Next →	

#### **11 | PATIENT COMPLAINTS**

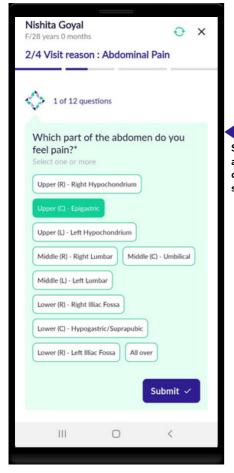
#### **PATIENT COMPLAINTS**

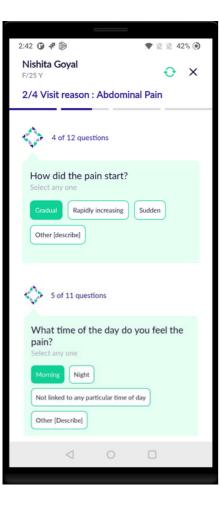
F/28 years 0 months	
2/4 Visit reason	_
E	
Ear pain	
F	
Fatigue & General weakness Fever & Rash	
Fever Follow up visit Foot or Ankle pain	
Fainting/Syncope/Loss of consiousness	
G	
Gait & balance disorder Genital disease (Female)	
н —	
Headache Hypertension follow up	
Hypertension screening	
J	
Jaundice	
Back Next →	Click on "Next" to submit the reason(s) for visit
2:41 🕐 🔻 🕼 🔹 🗘 🔊	
2:41	
Nishita Goyal	
Nishita Goyal F/25 Y $\bigcirc$ X	
Nishita Goyal F/25 Y 2/4 Visit reason Foot or Antide pain G	
Nishita Goyal F/25 Y 2/4 Visit reason Foot or Andle pair G Confirm visit reason?	
Nishita Goyal F/25 Y 2/4 Visit reason Foot or Antide pain G	
Prote or Ander pain Confirm visit reason? Are you sure the patient has the	
Nishita Goyal       *         F/25 Y       *         2/4 Visit reason         Port of Antele pair         C         E         Confirm visit reason?         Are you sure the patient has the following reasons for a visit?	
Nishita Goyal       *         F/25 Y       *         2/4 Visit reason         Port of Antele pair         C         E         Confirm visit reason?         Are you sure the patient has the following reasons for a visit?	Click on "Yes" to confirm
Nishita Goyal       *         F/25 Y       *         2/4 Visit reason       *         Port of Ander pain       *         Form of Ander pain       *         Confirm visit reason?       *         H       Confirm visit reason?         Are you sure the patient has the following reasons for a visit?       *         Abdominal Pain       Fever	Click on "Yes" to confirm the reason(s) for visit.
Nishita Goyal       *         F/25 Y       *         2/4 Visit reason       *         Port of Ander pain       *         Form of Ander pain       *         Confirm visit reason?       *         H       Confirm visit reason?         Are you sure the patient has the following reasons for a visit?       *         Abdominal Pain       Fever	
Nishita Goyal       *         F/25 Y       *         2/4 Visit reason       *         Port of Ander pain       *         Form of Ander pain       *         Confirm visit reason?       *         H       Confirm visit reason?         Are you sure the patient has the following reasons for a visit?       *         Abdominal Pain       Fever	
F/25 Y 2/4 Visit reason Foot or Andel par Confirm visit reason? Are you sure the patient has the following reasons for a visit? Abdominal Pain Fever No Yes	
F/25 Y 2/4 Visit reason Foot or Andel par Confirm visit reason? Are you sure the patient has the following reasons for a visit? Abdominal Pain Fever No Yes	
Pishita Coyal   F/25 Y     2/4 Visit reason     Poor or Ande pair     Foor or Ande pair     Confirm visit reason?     Are you sure the patient has the following reasons for a visit?     Abdominal Pain   Fever     No     Yes	

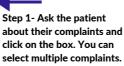
#### **11 | PATIENT COMPLAINTS**

## PATIENT COMPLAINTS

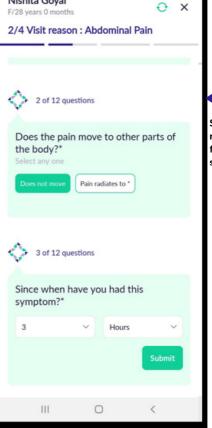
Nishita Goval



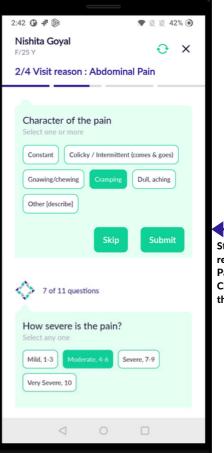








Step 2 - Select the responses of the patient for each question and swipe up.



Step 3- Select per the responses of the Patient. Click submit to submit the complaint.

### PATIENT COMPLAINTS

2:43 🛈 🖈 🖹 🔹 🔍 42% 🕥		2:42 0	•					- 40%
Nishita Goval		2:43 ONIShita	Goya				IV III	<ul><li>▲ 42% <ul><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲</li><li>▲<!--</th--></li></ul></li></ul>
F/28 years 0 months 🕹 🗙		F/28 yea						
2/4 Visit reason : Abdominal Pain		2/4 Vi	sit rea	son :	Abdo	mina	I Pair	۱ 
8 of 12 questions What worsens the pain?* Select one or more Hunger Food Urination Pressure Movement Coughing Straining Other [describe] None Don't know/Unsure Submit ✓		Men Select Has r • Age	10 of 12 strual any one ot starte at onse	d menst	Y*		Sut	aating
	Swipe up for the next question.		t menst		period			
			s m	т	W	т	F	s
							1	2
9 of 12 questions			3 4	5	6	7	8	9
		1	0 11	12	13	14	15	16
What relieves/lessens the pain?* Select one or more			7 18	19	20	21	22	
Medications Food Leaning forward			4 25			28	29	
Squatting Vomiting Passing of stool		2		(17	/Mar/2	024		
Other [describe] None Don't know/Unsure				<u> </u>	/ Mar/ 2	.024	Su	bmit 🗸
Submit 🗸		$\diamond$	11 of 12	questi	ons			
		Have	you t	aken	anv ti	reatm	nent	
< ○ □		(inclu	ding s	elf-m	edica	tion	or ho	
7		for th	nis pro					ovider here
	-	today Select	/?* any one					
		Yes [0	escribe]	Nor	1e			

#### **11 | PATIENT COMPLAINTS**

## PATIENT COMPLAINTS



2:43 ③ ₹ ⓑ Nishita Goyal	
F/28 years 0 months $\bigcirc$ X	
2/4 Visit reason : Fever & Rash	
Have you taken any treatment	
(including self-medication or home remedies) or seen any health provider	
for this problem before coming here	
today?*	
Select any one	
Yes [Describe] None	
A	
12 of 12 questions	
Additional information	
Back pain	
Skip Submit 🗸	Click on "Submit" to submit patient
	complaints.
III O <	

### **ASSOCIATED SYMPTOMS**

- Select patient's response for all the associated symptoms.
- After reviewing all the associated symptoms, click on 'Yes' to confirm. To make any changes, click on 'Back'.
- All associated symptoms are mandatory.

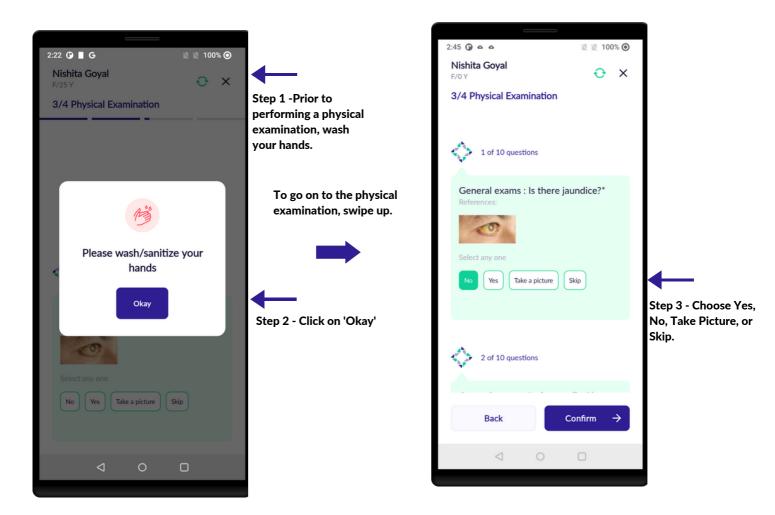
2:49 🛈 📌 🝥	₹ 🖹 🗎 43	% •	
Nishita Goyal F/25 Y	Ð	×	
2/4 Visit reason : Asso	ciated symptoms	5	
<b>\$</b>			
Do you have the follo symptom(s)? Select yes or no	owing		
1. Abdominal distention/ Bloating	✓ Yes X No		
2. Anorexia	✓ Yes X No		
3. Belching/Burping	✓ Yes X No		
4. Blood in stool	✓ Yes X No		Step 1 - Select patient response
5. Breathlessness	✓ Yes X No		for each associated symptoms
6. Change in appetite	✓ Yes × No		
7. Change in frequency of urination [describe]	✓ Yes X No		
8. Color change in stool [describe]	✓ Yes X No		
9. Color change in urine [describe]	✓ Yes × No		
10. Constipation	✓ Yes X No		
11. Diarrhea	✓ Yes × No		
12. Fever	✓ Yes X No		
13. Hiccups	✓ Yes X No		
⊲ 0			

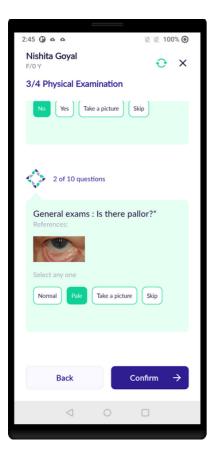
#### **12 | ASSOCIATED SYMPTOMS**

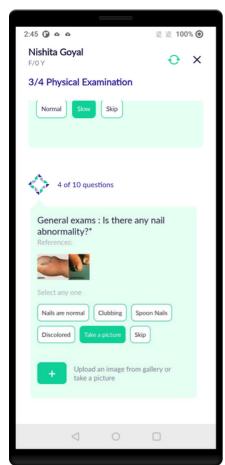
#### **ASSOCIATED SYMPTOMS**

49 🛈 🖈 🝺			
<b>Vishita Goyal</b> /25 Y		<mark>∂</mark> ×	
2/4 Visit reason : As	sociated sym	nptoms	
13. Hiccups	✓ Yes	× No	
15. Піссирь	• 163		
14. Injury	🗸 Yes	× No	
15. Nausea	✓ Yes	× No	
16. Other [describe]	✓ Yes	× No	
17. Passing gas	✓ Yes	× No	
18. Restlessness	✓ Yes	× No	
19. Vaginal discharge [describe]	✓ Yes	× No	
[describe]			
20. Vomiting	✓ Yes	× No	
			Step 2- Once all associated
4	0	Submit	
49 <b>()</b> ₹ ()	0 [	Submit	symptoms are answered, clicl
	0 [	× 43% •	symptoms are answered, clic
49 <b>Q</b> 7 🕲	0 [	<ul> <li>≥ 43% <ul> <li>●</li> <li>→</li> <li>×</li> </ul></li></ul>	symptoms are answered, clic
49 <b>Q</b> 7 🕲		<ul> <li>≥ 43% <ul> <li>●</li> <li>→</li> <li>×</li> </ul></li></ul>	symptoms are answered, clic
49 @ ₹ D 2/4. Visit Re		<ul> <li>№ 43% <ul> <li>●</li> <li>→</li> <li>×</li> </ul></li></ul>	symptoms are answered, click
49 @ ₹ 2/4. Visit Re	ason summar	<ul> <li>№ 43% <ul> <li>●</li> <li>→</li> <li>×</li> </ul></li></ul>	symptoms are answered, click
49	C C C C C C C C C C C C C C C C C C C	<ul> <li>№ 43% <ul> <li>●</li> <li>→</li> <li>×</li> </ul></li></ul>	symptoms are answered, click
49 <b>④ ₹ ●</b> 2/4. Visit Re 2/4. Visit Re • Site • Site • Onset • Timing • Character of the pain	Ason summar Upper (C) - Epi Gradual. Morning. Cramping.	<ul> <li>X 43% ●</li> <li>X</li> <li>Y</li> <li>Change</li> <li>igastric.</li> </ul>	symptoms are answered, clic
49	Upper (C) - Epi Gradual. Morning. Cramping. Moderate, 4-6 Patient did not	<ul> <li>¥ 43% ●</li> <li>★</li> <li>TY</li> <li>Change</li> <li>igastric.</li> </ul>	symptoms are answered, clici here to submit.
49	Upper (C) - Epi Gradual. Morning. Cramping. Moderate, 4-6. Patient did not was unsure.	<ul> <li>¥ 43% ●</li> <li>★</li> <li>TY</li> <li>Change</li> <li>igastric.</li> </ul>	symptoms are answered, clici here to submit.
49	Upper (C) - Epi Gradual. Morning. Cramping. Moderate, 4-6. Patient did not was unsure. Food. Is menstruating	¥ 43% ④ ★ FY C Change igastric. k know/	symptoms are answered, click here to submit.
49 <b>④ ₹ ●</b> <b>2/4. Visit Re</b> <b>2/4. Visit Re</b> <b>2222222222222</b>	Ason summar ason summar Upper (C) - Epi Gradual. Morning. Cramping. Moderate, 4-6. Patient did not was unsure. Food. Is menstruating Jun/2023.	¥ 43% ④ ★ FY C Change igastric. k know/	symptoms are answered, click here to submit.
49 <b>④ ₹ ●</b> 2/4. Visit Re 2/4. Visit Re 4. Conset • Site • Onset • Timing • Character of the pain • Severity • Exacerbating Factors • Relieving Factors	Upper (C) - Epi Gradual. Morning. Cramping. Moderate, 4-6. Patient did not was unsure. Food. Is menstruating Jun/2023. None.	<ul> <li>¥ 43% <ul> <li>A3% <ul> <li>★</li> <li>★</li> <li>TY</li> <li>Change</li> <li>igastric.</li> <li>know/</li> <li>g - 01/</li> </ul></li></ul></li></ul>	symptoms are answered, click here to submit.
49	Ason summar ason summar Upper (C) - Epi Gradual. Morning. Cramping. Moderate, 4-6. Patient did not was unsure. Food. Is menstruating Jun/2023.	<ul> <li>¥ 43% <ul> <li>A3% <ul> <li>★</li> <li>★</li> <li>TY</li> <li>Change</li> <li>igastric.</li> <li>know/</li> <li>g - 01/</li> </ul></li></ul></li></ul>	symptoms are answered, click here to submit.
49 <b>④ ₹ ●</b> 2/4. Visit Re 2/4. Visit Re 4. Conset • Site • Onset • Timing • Character of the pain • Severity • Exacerbating Factors • Relieving Factors	Upper (C) - Epi Gradual. Morning. Cramping. Moderate, 4-6. Patient did not was unsure. Food. Is menstruating Jun/2023. None.	X 43% ④ X × TY If Change igastric. k know/ g - 01/	symptoms are answered, click here to submit.

- Inform the patient that a physical examination will be conducted, its significance, and the entire procedure that will be followed.
- Questions 1 10 on general physical examination are required.
- Remember to wash your hands and practice good hygiene.
- When in doubt, take a picture.
- Make sure to provide maximum information as this will help the doctor in effective case management.
- Every question marked with an asterisk (\*) must be answered.



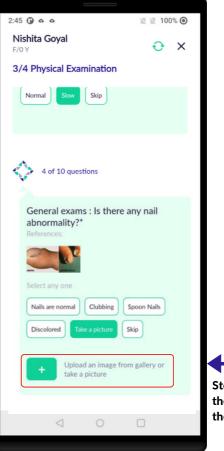




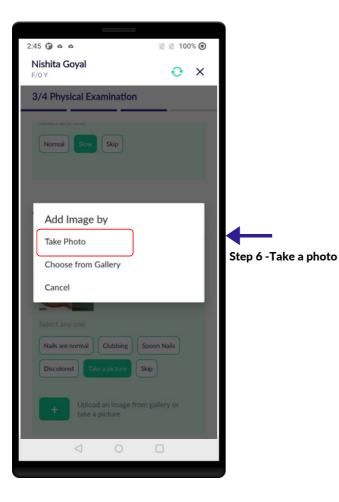


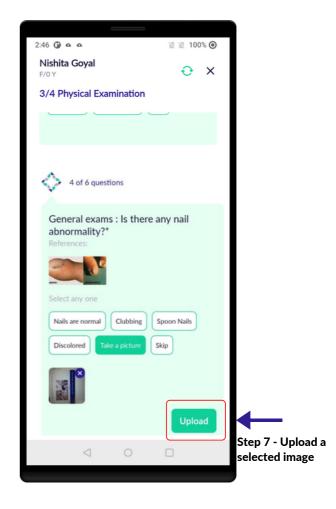
Step 4 - When in doubt, take a picture.

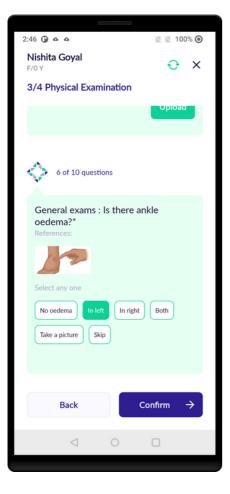
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Nishita Goyal F/0 Y	⊖ ×
3/4 Physical Examination	
Select any one Normal Pale Take a picture	Skip
3 of 10 questions	
General exams : Pinch skin* Select any one	
Normal Slow Skip	
Back	onfirm →
0	

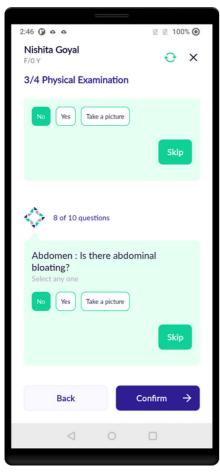


Step 5- To upload the picture, click on the 'Plus' symbol.

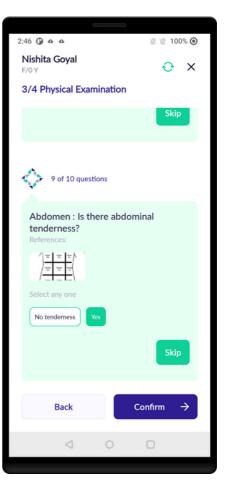


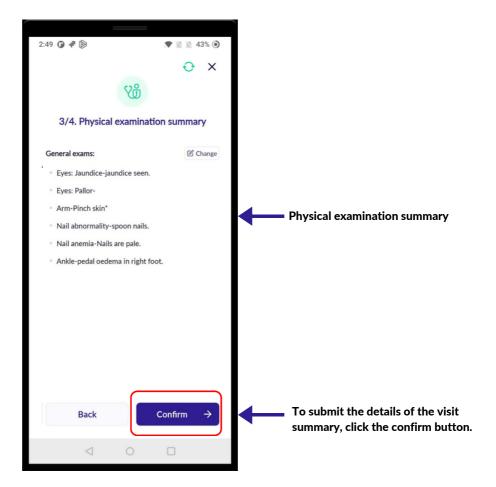






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Nishita Goyal $\bigcirc$ X						
3/4 Physical Examination						
Select any one						
No oedema     In left     In right     Both       Take a picture     Skip						
7 of 10 questions						
Abdomen : Are there visible scars? Select any one						
No Yes Take a picture						
Skip						
Back Confirm →						
< ○ □						

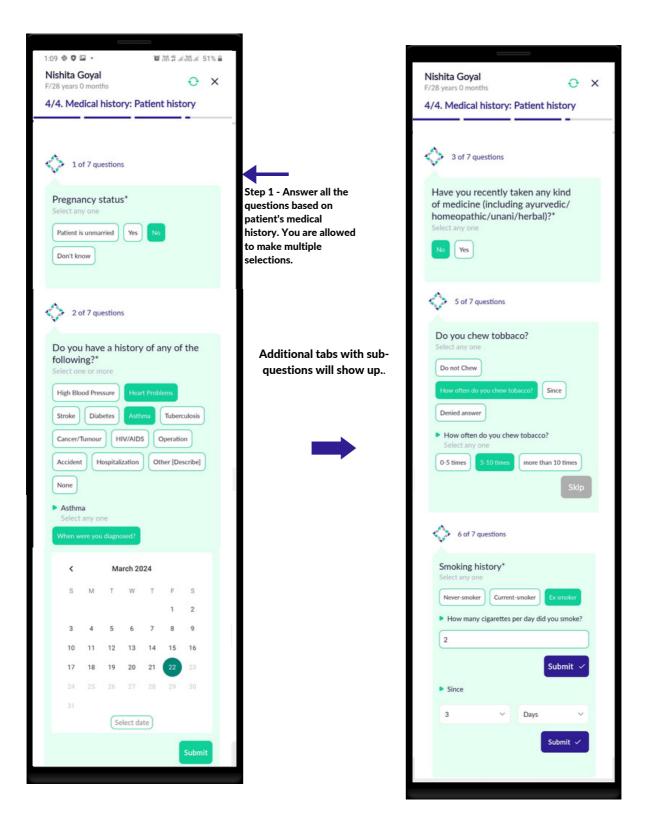




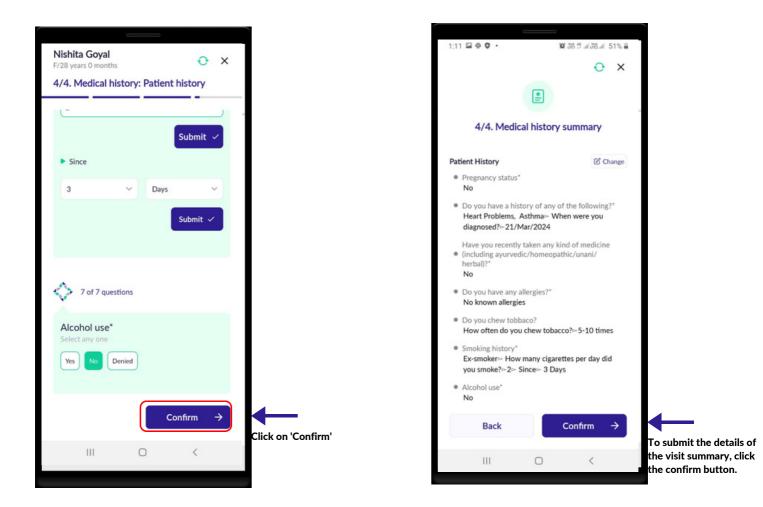
#### **PAST MEDICAL HISTORY**

• Answer all the questions based on patient's medical history. You are allowed to make multiple selections.

Answer the following by clicking on the checkbox.



#### **PAST MEDICAL HISTORY**



#### 15 | FAMILY HISTORY

## **FAMILY HISTORY**

- Answer all the questions based on the patient's family history. You are allowed to make multiple selections for different family members.
- Choose the relation of the patient's affected family member.

Nishita Goyal F/28 years 0 months 4/4. Medical history: Family history	) ×	
1 of 1 questions Do you have a family history of any the following?* Select one or more High BP Heart Disease Stroke Diabetes Asthma Tuberculosis Jaundice Cancer Other None Heart Disease Select one or more Mother Father Sister Brother	iy of	<ul> <li>Step 1 - Answer all the questions based on patient's family history. You are allowed to make multiple selections for different family members.</li> </ul>
[Describe relation]	mit	Step 2- Click on 'Submit' to submit all the family history information.
III O <		

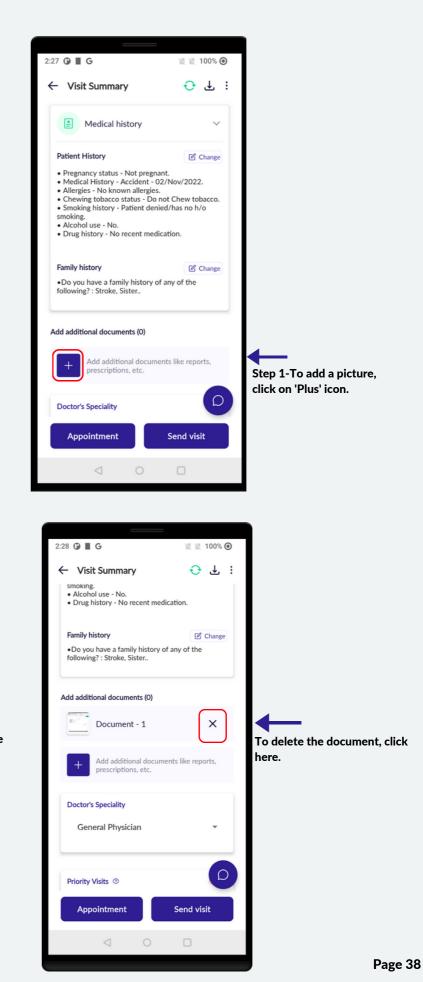
# **FAMILY HISTORY**

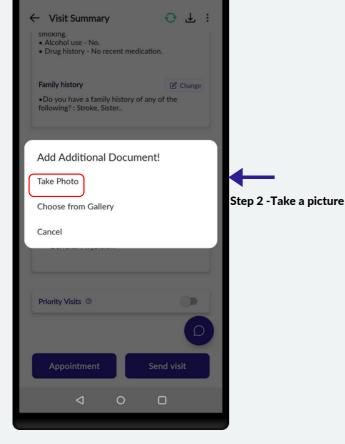
4/4. Medical histo	ry summary		
Patient History	Change		
<ul> <li>Pregnancy status</li> <li>No</li> </ul>			
<ul> <li>Do you have any allergies?</li> <li>No known allergies</li> </ul>			
<ul> <li>Alcohol use</li> <li>Yes</li> </ul>			
<ul> <li>Since when have you been of 3 Hours</li> </ul>	Irinking?		
<ul> <li>How often do you take alcol yes</li> </ul>	hol?		
<ul> <li>Number of drinks consumed 1-2</li> </ul>	l in one go		
Family History	Change		
Do you have a family history of following? :	f any of the		
<ul> <li>Heart Disease</li> <li>Who has it?►Father.</li> </ul>			After review, click on 'Confirn
Back	Confirm →	-	to confirm all the patient's
			medical history information.

# **ADDITIONAL DOCUMENTS**

- Additional documents such as old prescriptions, test results, etc. can be added here for the doctor to read.
- Make sure to provide maximum information as this will help the doctor in effective case management.
- To edit the additional documents, click on the 'Edit' icon. Also, to add a picture, click on the 'Plus' icon.
- By pressing the 'Plus' icon you can add more images and documents.

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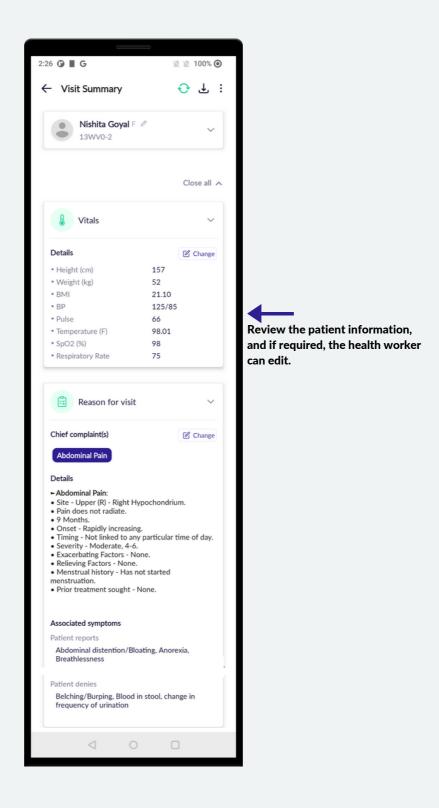


2:27 🛈 🔳 G

# PATIENT VISIT SUMMARY

- In this screen, the health worker can review all the Patient's information entered.
- To edit any section, click on the 'Change' button.
- Review all of the information before uploading it to the doctor's portal.

Check the internet status here to ensure you have a stable internet connection.



#### **17 | PATIENT VISIT SUMMARY**

# **PATIENT VISIT SUMMARY**

V Physical Examination	$\sim$
General Exams • Eyes: Jaundice-no jaundice seen. • Eyes: Pallor-pale pallor. • Arm-Pinch skin* - appears slow on p • Nail abnormality-clubbing. • Nail anemia-[picture taken]. • Ankle-pedal oedema in left foot Abdomen: • no scarring. • no distension. • tenderness seen - location - Upper( • Lumps-no lumps.	
Medical history	~
<ul> <li>Pregnancy status - Not pregnant.</li> <li>Medical History - Accident - 02/Not</li> <li>Allergies - No known allergies.</li> <li>Chewing tobacco status - Do not Cl</li> </ul>	
smoking. • Alcohol use - No. • Drug history - No recent medicatior	s no h/o
Alcohol use - No.     Drug history - No recent medication Family history     Do you have a family history of any of	s no h/o
smoking. • Alcohol use - No. • Drug history - No recent medication Family history • Do you have a family history of any of following? : Stroke, Sister.	s no h/o C Change of the
smoking. • Alcohol use - No. • Drug history - No recent medication Family history • Do you have a family history of any of following? : Stroke, Sister dd additional documents (0) + Add additional documents lii prescriptions, etc.	s no h/o C Change of the
smoking. • Alcohol use - No. • Drug history - No recent medication Family history • Do you have a family history of any of following? : Stroke, Sister dd additional documents (0) + Add additional documents lii prescriptions, etc.	s no h/o Change of the
smoking. • Alcohol use - No. • Drug history - No recent medication Family history • Do you have a family history of any of following? : Stroke, Sister. dd additional documents (0) • Add additional documents lif prescriptions, etc. Doctor's Speciality General Physician	s no h/o Change of the
smoking. • Alcohol use - No. • Drug history - No recent medication Family history • Do you have a family history of any of following? : Stroke, Sister dd additional documents (0) + Add additional documents lii prescriptions, etc. Doctor's Speciality	s no h/o Change of the the the
smoking. • Alcohol use - No. • Drug history - No recent medication Family history • Do you have a family history of any of following? : Stroke, Sister. dd additional documents (0) • Add additional documents [ii prescriptions, etc. Doctor's Speciality General Physician Priority Visits ③	s no h/o Change of the reports,

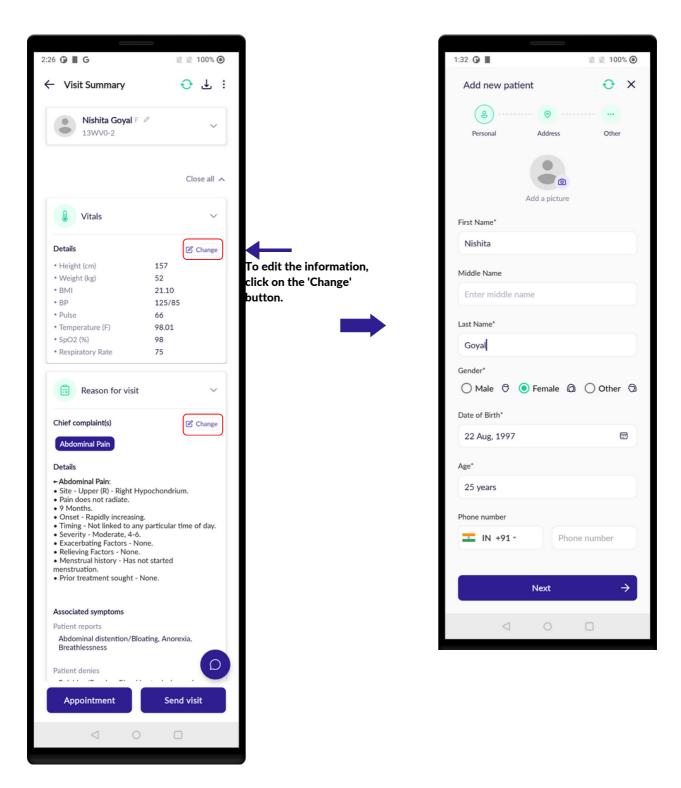
Click on this button to add additional documents like nedical reports, medicine pictures, etc.

#### 18 | CHANGE (EDIT)

# **CHANGE (EDIT)**

• On this screen, the health worker can edit the patient information.

To edit any section, click on the 'Change' button.

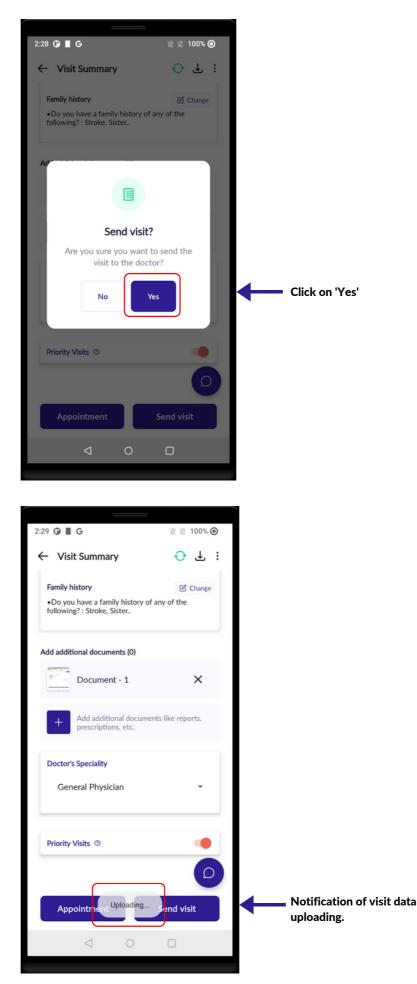


# SEND VISIT TO DOCTOR (UPLOAD)

- Click on 'Send' to upload the patient's data to the doctor's portal.
- Wait for the upload to complete. Once it is completed, you will get a notification that the visit has been uploaded.
- Note that all patient and visit-related data automatically syncs after every 15 minutes.

Vitals     Details      Height (cm) 157    Weight (kg)   52   BM   21.00   BP   125785   Pulse   66   Temperature (f)   98.01   5.50/20(k)   98   Respiratory Rate   75      Clot complaint(s)   © change   Abzoninal Paine   1.11   1.12   1.13   1.14   1.15   1.15   1.15   1.15   1.15   1.15   1.15   1.15   1.15   1.15   1.15   1.16   1.15   1.15   1.15   1.15   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.17   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.16   1.1	Nishita Goyal F @ 13WV0-2	~	
Details   Petails   Image: Provide the state of t		Close all 🔨	
Height (cm) 157   Weight (kg) 52   BMI 21.10   BP 125/85   Pulse 66   Temperature (F) 98.01   SpO2 (%) 98   Respiratory Rate 75   Chief complaint(s)   Chief complaint(s) C change   Abdominal Pain   Details   - Abdominal Pain   Site - Upper (R) - Right Hypochondrium.   - Pain dees not radiate.   9 Months.   Onset - Rapidly increasing.   - Timing - None radiate.   9 Months.   - Stater Trapidly increasing.   - Timing - None radiate.   - Severity - Moderate, 4-6.   - Mentrue history - Has not started   mestruation.   - Prior treatment sought - None.  <	Vitals	~	
<ul> <li>Weight (kg) 52</li> <li>BMI 21.10</li> <li>BP 125/85</li> <li>Pulse 66</li> <li>Temperature (F) 98.01</li> <li>SpO2 (%) 98</li> <li>Respiratory Rate 75</li> <li>Chief complaint(s) C Change</li> <li>Abdominal Pain:</li> <li>Site - Upper (R) - Right Hypochondrium.</li> <li>Pain des not radiate.</li> <li>9 Months.</li> <li>9 Mon</li></ul>	Details	Change	
<ul> <li>Weight (kg) 52</li> <li>BMI 21.10</li> <li>BP 125/85</li> <li>Pulse 66</li> <li>Temperature (F) 98.01</li> <li>SpO2 (%) 98</li> <li>Respiratory Rate 75</li> <li>Chief complaint(s) C Change</li> <li>Abdominal Pain:</li> <li>Site - Upper (R) - Right Hypochondrium.</li> <li>Pain des not radiate.</li> <li>9 Months.</li> <li>9 Mon</li></ul>	* Height (cm)	157	
<ul> <li>BMI 21.10</li> <li>BP 125/85</li> <li>Pulse 66</li> <li>Temperature (F) 98.01</li> <li>SpO2 (%) 98</li> <li>Respiratory Rate 75</li> <li>Reason for visit</li> <li>Chief complaint(s) C change</li> <li>Abdominal Pain</li> <li>Otalis</li> <li>Abdominal Pain:</li> <li>Site - Upper (R) - Right Hypochondrium.</li> <li>Pain does not radiate.</li> <li>9 Months.</li> <li></li></ul>			
<ul> <li>BP 125/85</li> <li>Pulse 66</li> <li>Temperature (F) 98.01</li> <li>SpO2 (%) 98</li> <li>Respiratory Rate 75</li> <li>Chief complaint(s) C Change</li> <li>Abdominal Pain</li> <li>Otetails</li> <li>Abdominal Pain:</li> <li>Site - Upper (R) - Right Hypochondrium.</li> <li>Pain does not radiate.</li> <li>9 Months.</li> <li>Onset - Ragidly increasing.</li> <li>Timing - Not linked to any particular time of day.</li> <li>Severity - Moderate, 4-6.</li> <li>Exacerbating Factors - None.</li> <li>Reacerbating Factors - None.</li> <li>Patient Hypochondrium.</li> <li>Prior treatment sought - None.</li> </ul> Associated symptoms Patient reports <ul> <li>Abdominal distention/Bloating, Anorexia, Breathlessness</li> </ul> Patient denies Click on 'Send' to uplog patient's data to the distance in the dis			
<ul> <li>Pulse</li> <li>66</li> <li>Temperature (F)</li> <li>98.01</li> <li>SpO2 (%)</li> <li>98</li> <li>Respiratory Rate</li> <li>75</li> <li> <b>Chief complaint(s) Change</b> </li> <li> <b>Abdominal Pain Details</b> • Abdominal Pain • Obset - Rapidly increasing. • Onset - Rapidly increasing. •</li></ul>			
<ul> <li>Temperature (F) 98.01</li> <li>SpO2 (%) 98</li> <li>Respiratory Rate 75</li> <li>Reason for visit</li> <li>Reason for visit</li> <li>Chief complaint(s)</li> <li>Change</li> <li>Abdominal Pain</li> <li>Site - Upper (R) - Right Hypochondrium.</li> <li>Pain does not radiate.</li> <li>9 Months.</li> <li>Onset - Rapidy increasing.</li> <li>Timing - Not linked to any particular time of day.</li> <li>Severity - Moderate, 4-6.</li> <li>Exacerbating Factors - None.</li> <li>Nenstrual history - Has not started menstruation.</li> <li>Prior treatment sought - None.</li> </ul> Associated symptoms Patient denies Patient denies Click on 'Send' to uplog patient's data to the distantion of the day to the distantion of the day.			
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<ul> <li>Respiratory Rate 75</li> <li>Reason for visit</li> <li>Reason for visit</li> <li>Chief complaint(s)</li> <li>Change</li> <li>Abdominal Pain</li> <li>Details</li> <li>Abdominal Pain</li> <li>Site - Upper (R) - Right Hypochondrium.</li> <li>Pain does not radiate.</li> <li>9 Months.</li> <li>Onset - Rapidly increasing.</li> <li>Timing - Not linked to any particular time of day.</li> <li>Severity - Moderate, 4-6.</li> <li>Exacerbating Factors - None.</li> <li>Relieving Factors - None.</li> <li>Relieving Factors - None.</li> <li>Relieving Factors - None.</li> <li>Prior treatment sought - None.</li> <li>Prior treatment sought - None.</li> <li>Patient reports</li> <li>Abdominal distention/Bloating, Anorexia, Breathlessness</li> <li>Patient denies</li> <li>Click on 'Send' to uplo patient's data to the dot of the data to the da</li></ul>			
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<ul> <li>Pain does not radiate.</li> <li>9 Months.</li> <li>Onset - Rapidly increasing.</li> <li>Timing - Not linked to any particular time of day.</li> <li>Severity - Moderate, 4-6.</li> <li>Exacerbating Factors - None.</li> <li>Relieving Factors - None.</li> <li>Menstruation.</li> <li>Prior treatment sought - None.</li> </ul> Associated symptoms Patient reports <ul> <li>Abdominal distention/Bloating, Anorexia, Breathlessness</li> </ul> Patient denies Click on 'Send' to uplo patient's data to the distance of the data of the dat	- Abdominal Pain:		
<ul> <li>9 Months.</li> <li>Onset - Rapidly increasing.</li> <li>Timing - Not linked to any particular time of day.</li> <li>Severity - Moderate, 4-6.</li> <li>Exacerbating Factors - None.</li> <li>Relieving Factors - None.</li> <li>Menstrual history - Has not started menstruation.</li> <li>Prior treatment sought - None.</li> </ul> Associated symptoms Patient reports Abdominal distention/Bloating, Anorexia, Breathlessness Patient denies Click on 'Send' to uplo patient's data to the distance of the data to the		ochondrium.	
<ul> <li>Onset - Rapidly increasing.</li> <li>Timing - Not linked to any particular time of day.</li> <li>Severity - Moderate, 4-6.</li> <li>Exacerbating Factors - None.</li> <li>Relieving Factors - None.</li> <li>Menstrual history - Has not started menstruation.</li> <li>Prior treatment sought - None.</li> </ul> Associated symptoms Patient reports <ul> <li>Abdominal distention/Bloating, Anorexia, Breathlessness</li> </ul> Patient denies Click on 'Send' to uplo patient's data to the distance of the data o			
Severity - Moderate, 4-6.  Exacerbating Factors - None.  Relieving Factors - None.  Menstrual history - Has not started menstruation.  Prior treatment sought - None.  Associated symptoms Patient reports Abdominal distention/Bloating, Anorexia, Breathlessness Patient denies  Appointment Send visit Click on 'Send' to uplo patient's data to the d	<ul> <li>Onset - Rapidly increasing.</li> </ul>		
Exacerbating Factors - None.     Relieving Factors - None.     Menstrual history - Has not started menstruation.     Prior treatment sought - None.  Associated symptoms Patient reports Abdominal distention/Bloating, Anorexia, Breathlessness Patient denies Patient denies Click on 'Send' to uplo patient's data to the d		articular time of day.	
Menstrual history - Has not started menstruation.     Prior treatment sought - None.  Associated symptoms Patient reports Abdominal distention/Bloating, Anorexia, Breathlessness Patient denies Patient denies Click on 'Send' to uplo patient's data to the de	<ul> <li>Exacerbating Factors - None</li> </ul>	a.	
menstruation. • Prior treatment sought - None. Associated symptoms Patient reports Abdominal distention/Bloating, Anorexia, Breathlessness Patient denies Patient denies Patient denies Click on 'Send' to uplo patient's data to the d		started	
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Patient reports Abdominal distention/Bloating, Anorexia, Breathlessness Patient denies Appointment Send visit Click on 'Send' to uplo patient's data to the d	<ul> <li>Prior treatment sought - Not</li> </ul>	ne.	
Patient reports Abdominal distention/Bloating, Anorexia, Breathlessness Patient denies Appointment Send visit Click on 'Send' to uplo patient's data to the d	Associated symptoms		
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Appointment Send visit Click on 'Send' to uplo patient's data to the d		Q	
Appointment Send visit patient's data to the d			Click on 'Send' to unlo
portal.	Appointment	Send visit	

# SEND VISIT TO DOCTOR (UPLOAD)

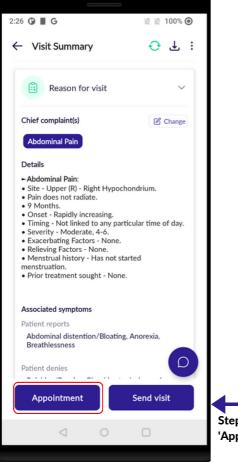


# SEND VISIT TO DOCTOR (UPLOAD)

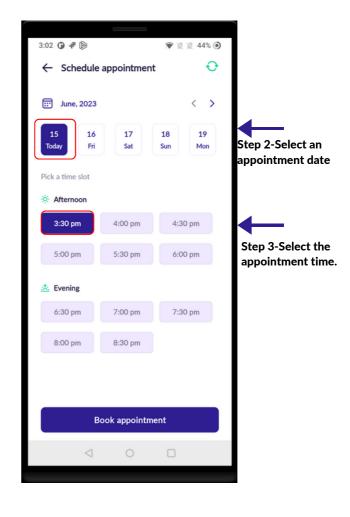
*		
2:29 🛈 📕 G	🖹 🖹 100% 🧿	
← Visit Summary	€ ± :	
Family history	Change	
•Do you have a family history of any following? : Stroke, Sister	/ of the	
Ad Visit successfully s	ent!	
Patient's visit has been suc sent to the doctor.		Click on 'Okay'
Priority Visits ③	•	
Appointment	end visit	
⊲ 0	0	

### **BOOK APPOINTMENT**

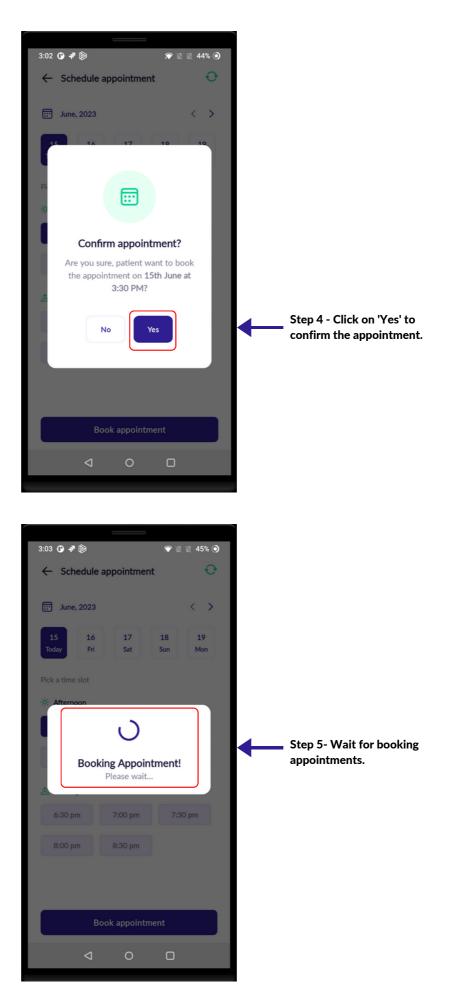
- Click on 'Book Appointment' to book the doctor's appointment.
- Select appointment's date and slot, suitable for the patient
- Click on 'Yes' to confirm the date and time slot of the appointment.







# **BOOK APPOINTMENT**

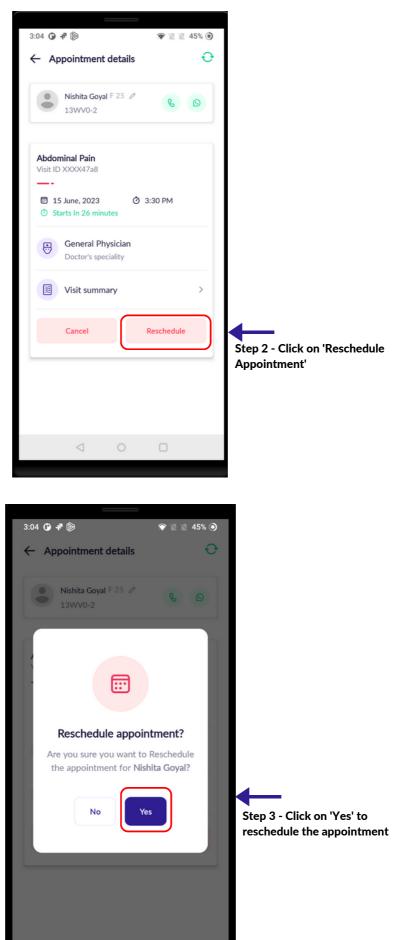


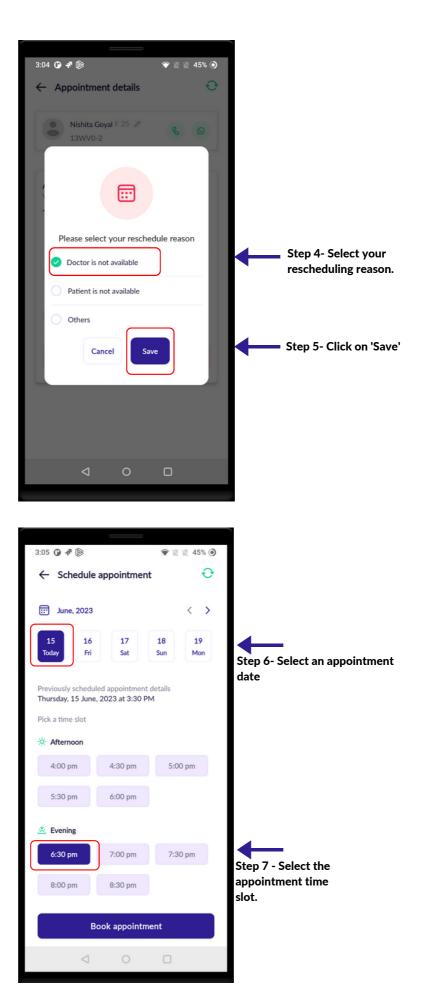
# **BOOK APPOINTMENT**

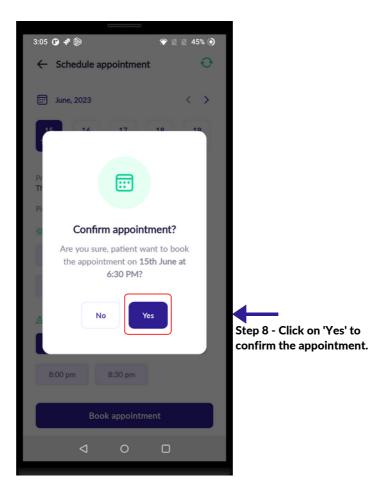
3:03 🕒 🗗 🝺		🐨 🖹 🖹 45% 🧿
← My Appoin	tments	Ð
Today's		All
Q Search pati	ent	
1	0	0
L Upcoming	Cancelled	Completed
Upcoming (1)		
Nishita	<b>Goyal</b> Dr Rohit Sharma	
	Dr Ronit Sharma 7 minute	
Cancelled (0)		
No data foun	d	
Completed (0)		
No data foun	d	
	4	
Appointm	nent booked succ	essfully!
$\triangleleft$	0	

- Click on 'Reschedule Appointment' to reschedule the doctor's appointment.
- Are you sure you want to reschedule the appointment? If yes, click on 'Yes'.
- Select the appointment's date and slot, suitable for the patient
- Select your rescheduling reason.
- Click on 'Yes' to confirm the date and time slot of the appointment.

04 🛈 🕫 🖻		🗑 🕅 🗽 🗽 🖉	7	
- My Appoint	ments	Ð		
Today's		All		
Q Search patie	nt			
1	0	0		
Upcoming	Cancelled	Completed		
coming (1)				
Nishita ( Dr. D In 27	or Rohit Sharma		-	Step 1
ancelled (0)				
No data found	l			
ompleted (0)				
No data found	l			
$\triangleleft$	0			







3:06 🛈 🗗 🝺		🗑 🕅 🗽 🖉 🖉			
🔶 Му Арроі	ntments	Ð			
Today's		All			
Q Search pat	tient				
1 Upcoming	0 Cancelled	0 Completed			
Upcoming (1)					
🗢 \varTheta Dr	Nishita Goyal Dr. Dr Rohit Sharma In 3 hours, at 6:30 PM				
Cancelled (0)					
No data four	nd				
Completed (0)					
No data found					
Appoint	ment booked succ	essfully!	Ste		
$\triangleleft$	0		wa		

Step 9- The appointment was booked successfully.

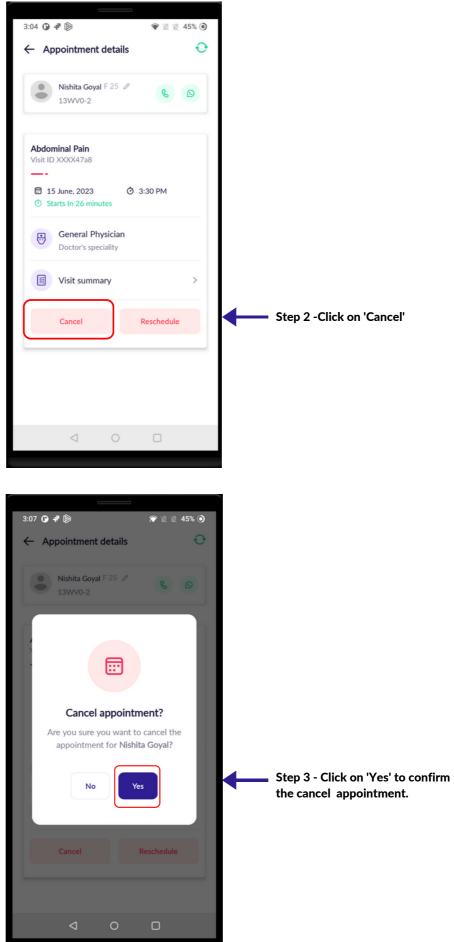
# **CANCEL APPOINTMENT**

- Click on 'Cancel Appointment' to cancel a doctor's appointment.
- Click on 'Yes' to cancel the appointment.
- Select the cancellation reason.

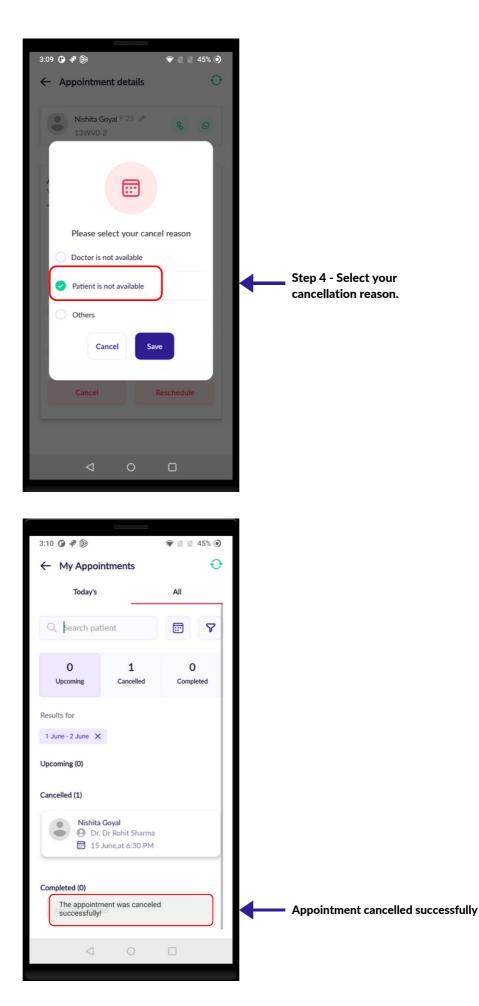
After that, a notification of successful cancellation of an appointment will appear at the bottom of the screen.

3:04	145%	
Today's	All	
Q Search patient		
1 O Upcoming Cancelled	<b>O</b> Completed	
Upcoming (1) Nishita Goyal Dr. Dr Rohit Sharm In 27 minute	10	Step 1 - Select Visit
Cancelled (0) No data found Completed (0)		
No data found		
⊲ 0		

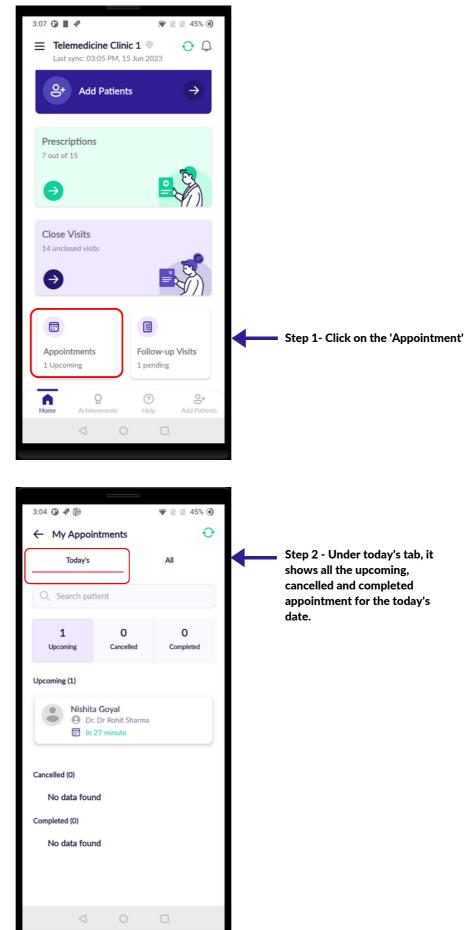
### **CANCEL APPOINTMENT**

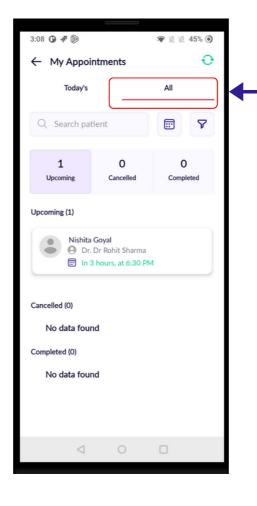


### **CANCEL APPOINTMENT**

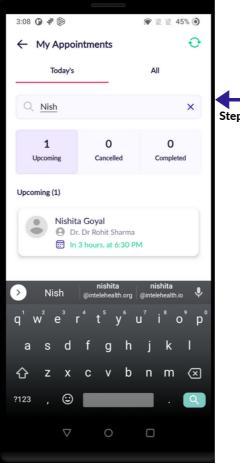


• On the home screen, click on the 'Appointment' to see all upcoming, cancelled, and completed appointment lists.

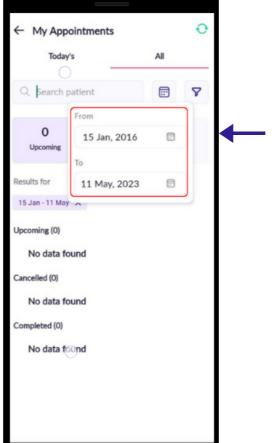




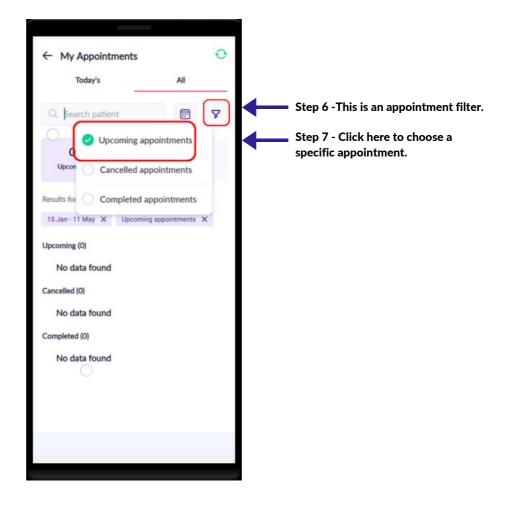
Step 3 - Under all tab, it shows the list of all the upcoming, cancelled and completed appointment..



Step 4 - Search for the appointment.

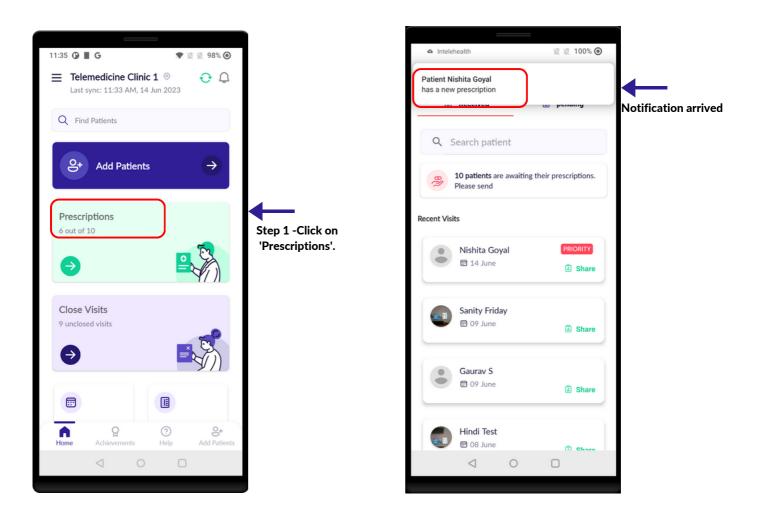


Step 5 - This is a calendar filter.

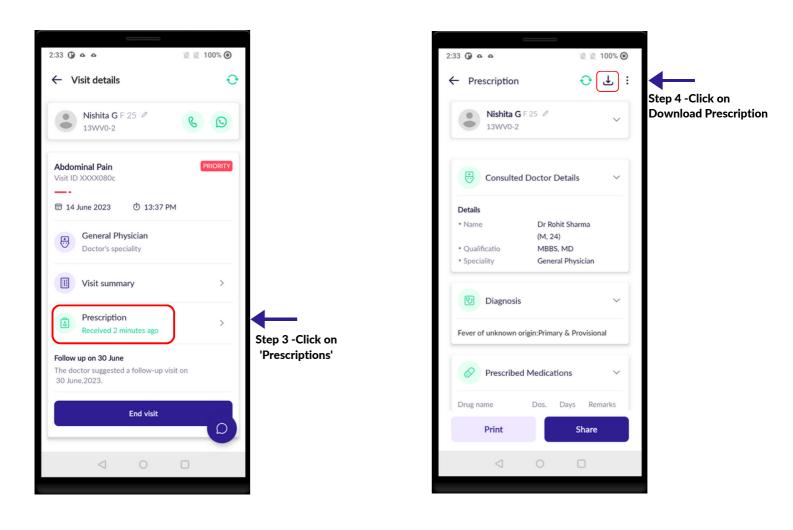


# **DOWNLOAD PRESCRIPTION**

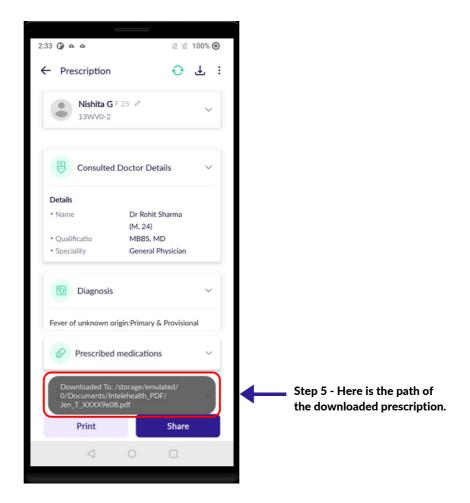
- Make sure you have an internet connection while downloading the patient's prescription.
- Click the 'Prescription' card on the home screen.
- To download the prescription, select the visit and click on 'Prescription'.
- You will get a notification once the prescription is downloaded.
- You will get a notification once the prescription is downloaded.
- After downloading the prescription, the prescription is saved in the internal storage of the mobile.



#### **DOWNLOAD PRESCRIPTION**



#### **DOWNLOAD PRESCRIPTION**



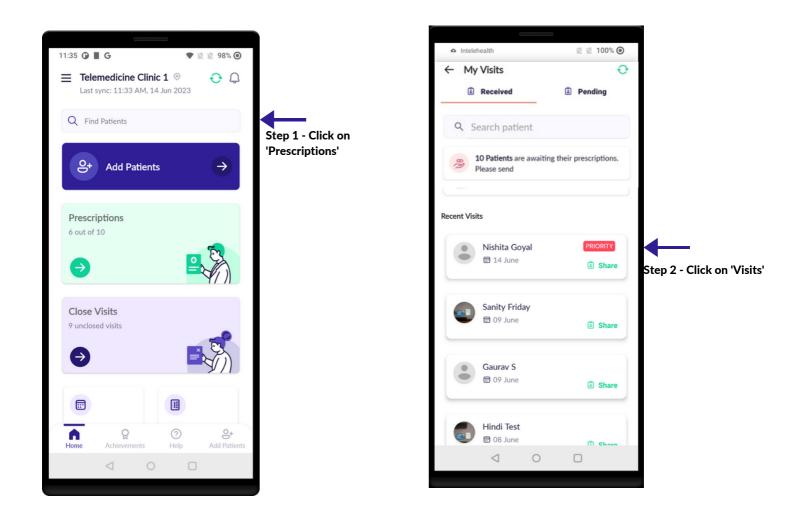
### PRESCRIPTION

33 <b>() a a</b>	🖹 🖹 100% 🔘	
- Prescription		
Nishita G F 25 Ø 13WV0-2	~	
Consulted Doctor Detai	ils 🗸	
Details		
Name Dr Rohit Sh	harma	
(M, 24)		
Qualificatio MBBS, MD     Speciality General Ph		
U Diagnosis	~	
Fever of unknown origin:Primary & I	Provisional	
Prescribed Medications	~	The destandance with the
Drug name Dos. Day:	s Remarks	The doctor's prescription will look like this:
Drug name Dos. Day:	S Remarks	
Vitamin B Complex Tablets (Therape	eutic):5	
Mg:30:1 - 0 - 0:Take empty stomach	1.	
- Prescription	🔂 🕁 i	
Advice	$\sim$	
DO NOT BATH IN PONDS		
🔗 Test	$\sim$	
CBC: HB/WBC/RBC PLATELET		
Referred Specialist	~	
No information		
No information		
	~	
No information Follow Up	~	
Follow Up	~	
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Follow Up	✓ isit on	
Follow Up 30 June,2023 The doctor suggested a follow-up vi	✓ isit on	
Follow Up 30 June,2023 The doctor suggested a follow-up vi 30 June,2023.		
Follow Up 30 June,2023 The doctor suggested a follow-up vi	↓ isit on Share	
Follow Up 30 June,2023 The doctor suggested a follow-up vi 30 June,2023.		

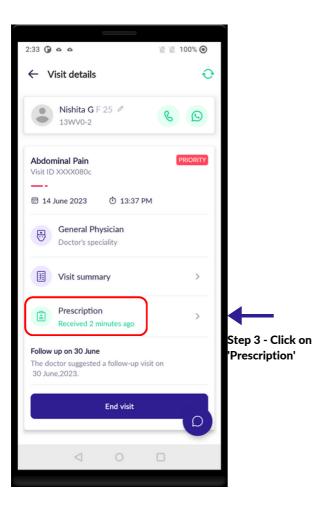
### **PRESCRIPTION PRINT**

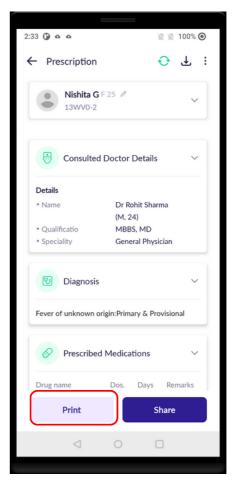
- Make sure all the patients are provided with a prescription.
- Explain the prescription given to the patient
- Encourage and counsel them on the importance of taking medicines and complying with the treatment.
- When patients are prescribed the tests or are referred, support and guide them with information on the nearest testing laboratories, moreover, explain the importance of conducting these tests and the need for going to a hospital.
- Give the patient the follow-up date that the doctor has given.
- To view the prescription click on the 'Print' button and to share via WhatsApp click on the 'Share' button.

Important: The prescription is to be shared by the health worker only with the patient or, with the patient's consent, with their kin or guardian in case the patient does not have a phone. Patient confidentiality has to be strictly maintained.



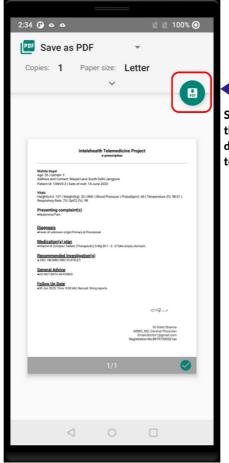
#### **PRESCRIPTION PRINT**





Step 4 - Click on 'Print' to view the prescription or it can also be saved on the internal storage

# **PRESCRIPTION PRINT**



Step 5- To save the prescription, click on the Save button and it will be stored in the device's internal storage. It can be shared to the patient via Whatsapp or email.

# SHARE VIA WHATSAPP

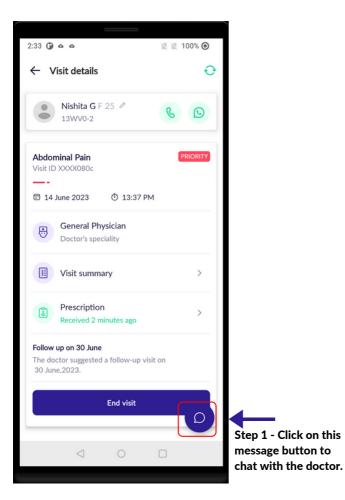
- Once the prescription has been downloaded, it can be shared with the patient's WhatsApp number.
- Inform the patient that they will receive the prescription on their WhatsApp number.
- After you receive the prescription, click on the 'Share' button to share the prescription.
- A text box containing the patient's registered mobile number will open. If this is not the patient's WhatsApp number, then ask the patient for their WhatsApp number and enter it here. Click on 'Share'.
- Click on the 'SEND' button to forward the prescription link.

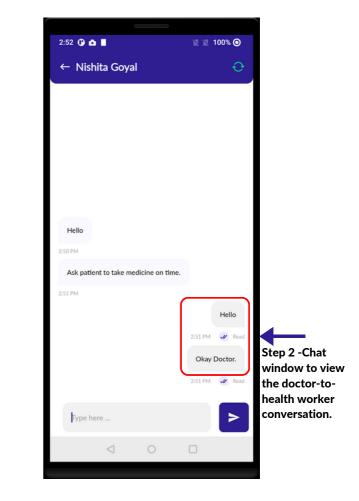
33 🛈 🌣 🌣	🖹 🖹 100% 🕥	
- Prescription	↔ ¥ :	
Nishita G F 25 Ø 13WV0-2	~	
Consulted Doctor	Details 🗸 🗸	
• Qualificatio MBB	bhit Sharma 4) S, MD ral Physician	
🕑 Diagnosis	~	
Fever of unknown origin:Prima	ary & Provisional	
Prescribed Medica	tions 🗸	
Drug name Dos.	Days Remarks	
Print	Share	Step 1- Click on the 'Share' button t
< ○		share the prescription.

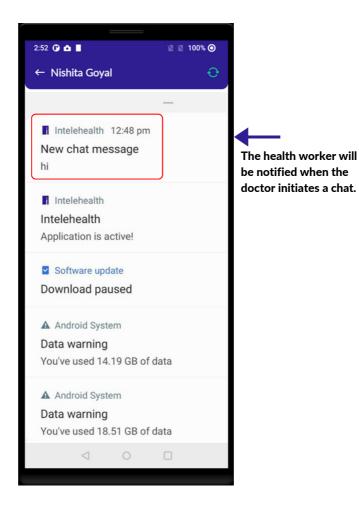
# SHARE VIA WHATSAPP

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← Prescription	⊖ ± :	
Advice	~	
DO NOT BATH IN PONDS		
7 Test	~	
CBC: HB/WBC/RBC PLATELET		
Enter the mobile number to which share the prescription.	h you want to	
9632580147		
	Share	←
Follow Up	~	Step 2- Enter the patient's WhatsApp number and click on 'Share'
30 June,2023		on share
The doctor suggested a follow-up v 30 June,2023.	isit on	
Print	Share	
<b>∇</b> 0	0	

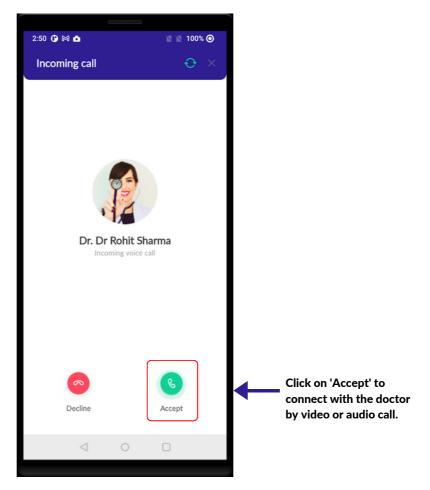
- Chat and video call features help doctors clear up doubts about patient complaints that were not recorded during the consultation with the patient by a health worker.
- The doctor will be calling or sending a message on the chat to communicate with the health worker.
- Health workers can't chat with or call doctors if the doctor hasn't started the conversation.
- The doctor will be the first to contact the health worker through chat or phone.

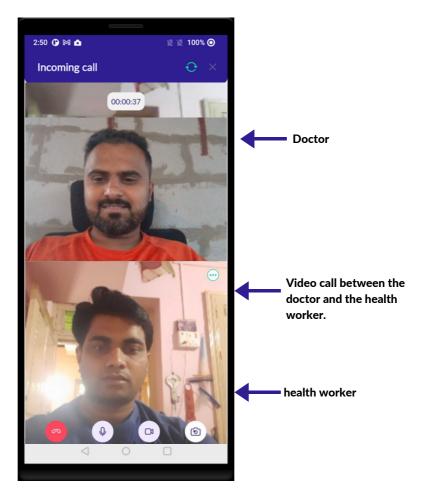


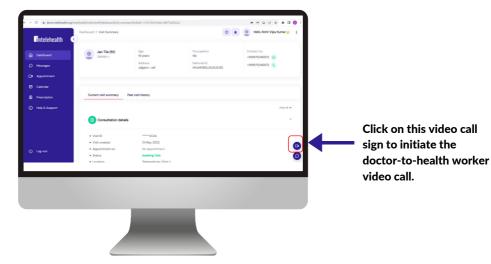


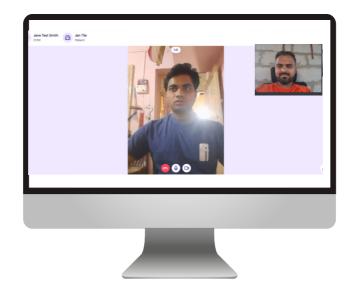


#### 27 | CHAT/VIDEO CALL FUNCTIONS

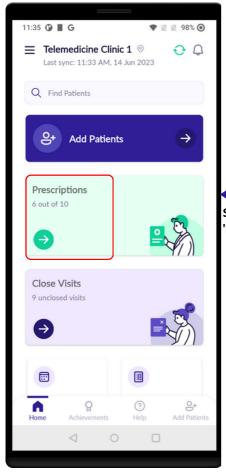


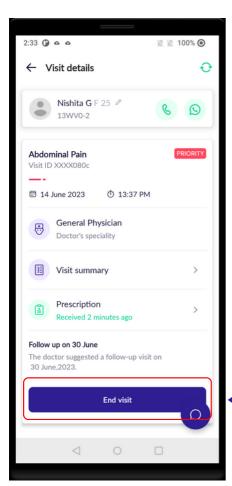




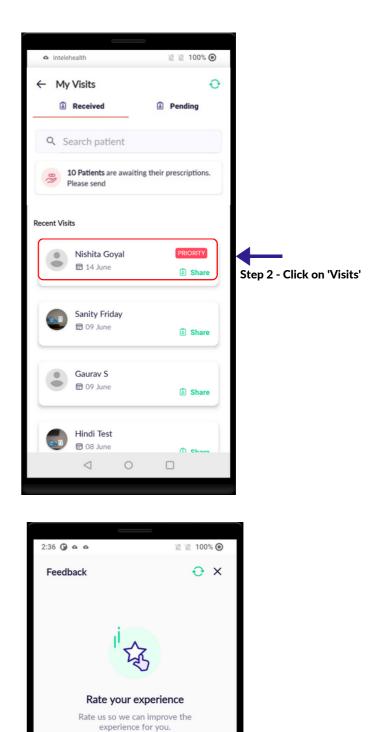


#### **END VISIT**









\*\*\*\*

Submit

Give feedback

Good work.

Step 3 - Click on 'End Visit' Step 5 - Click here to

submit the feedback.

Step 4 - Fill the

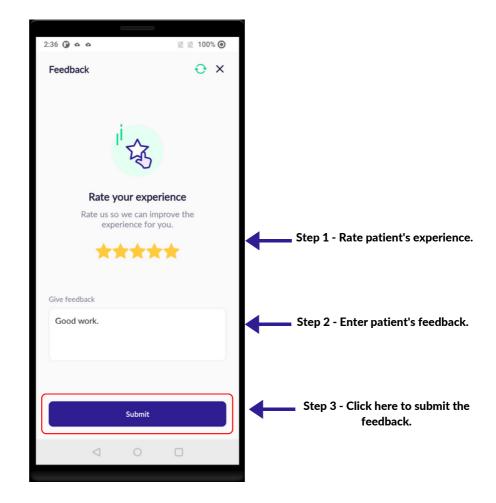
patient feedback

#### **29 PATIET FEEDBACK**

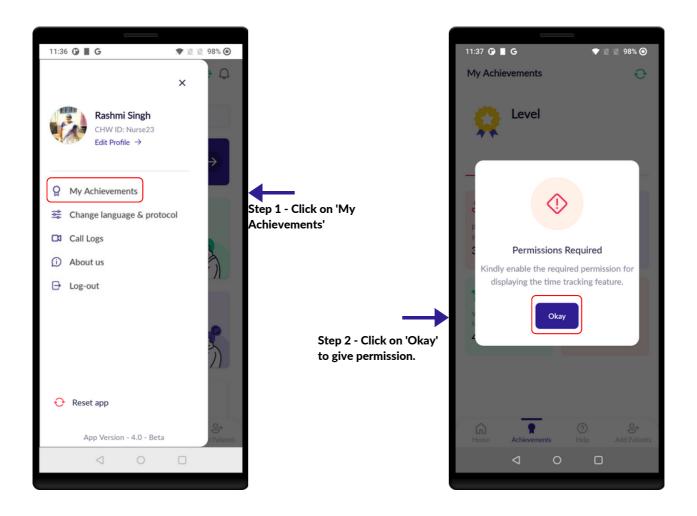
## **PATIENT FEEDBACK**

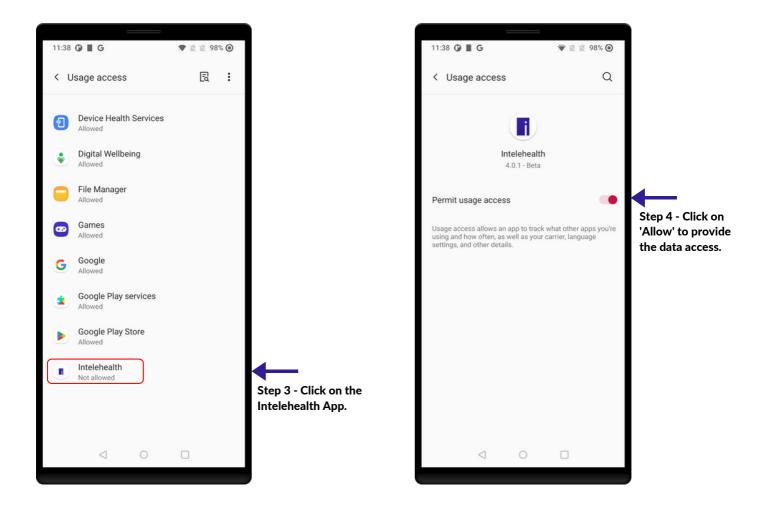
- Make sure to always take patient feedback.
- Ask the patient how satisfied they were with the services received.
- Add feedback from the patient.

Click on the 'Submit' button

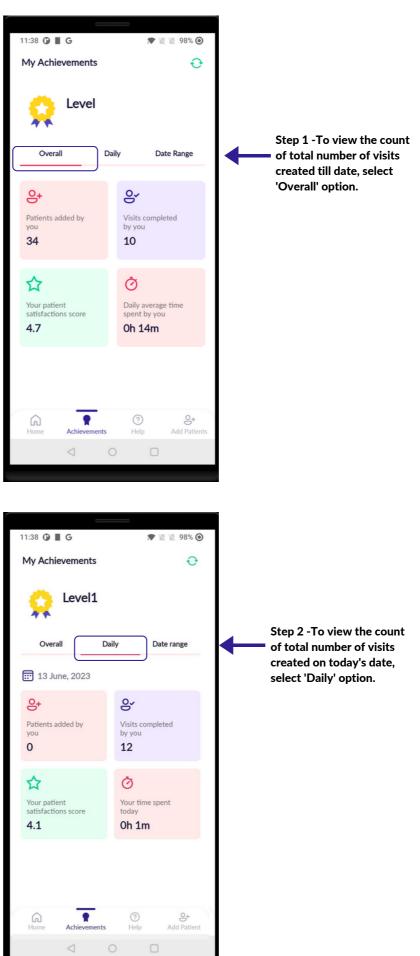


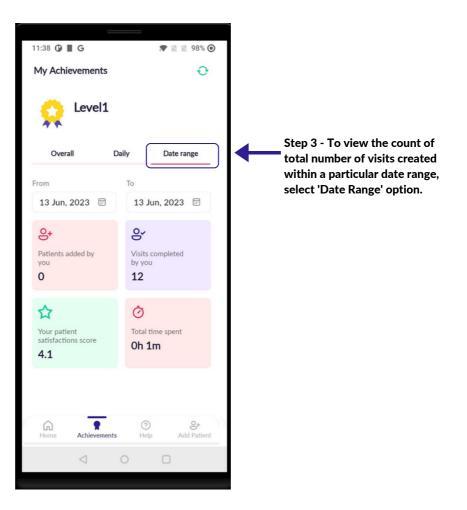
- In the 'My Achievements' section, HWs can see the count of total visits created by them.
- Under the Overall section, the count of the total number of visits created till date are shown.
- Under the Daily section, the count of total number of visits created today are shown.
- Under the Date Range section, the count of the total number of visits created within the selected date range are shown.





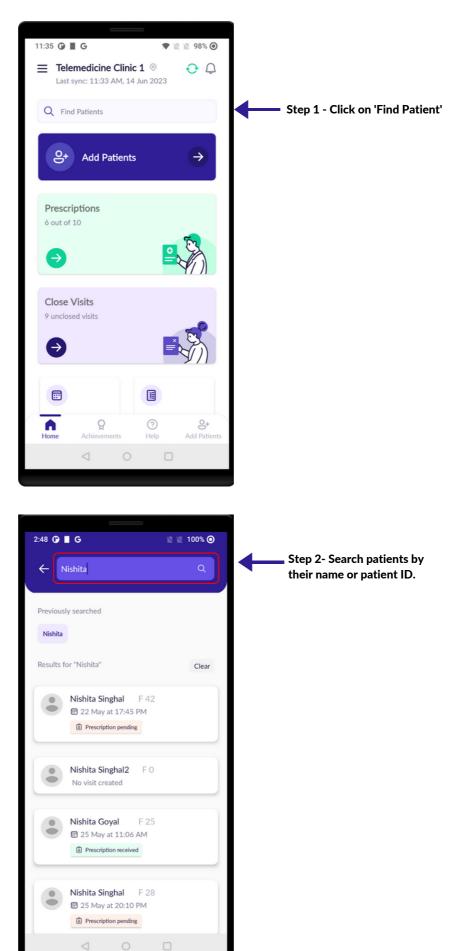
#### **30 | MY ACHIEVEMENTS**





### HOME SCREEN

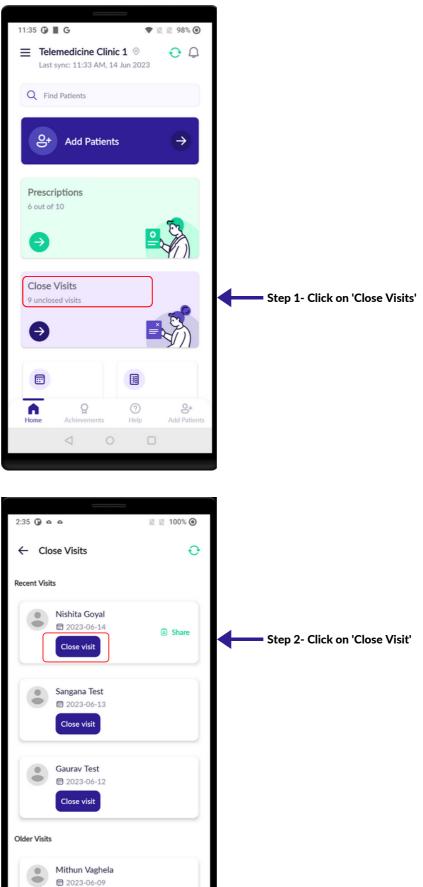
#### **FIND PATIENT**



#### HOME SCREEN

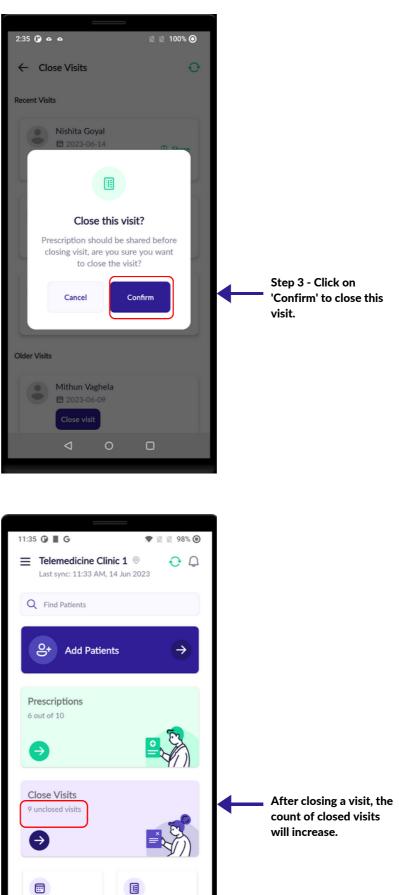
Close visit

#### **CLOSE VISITS**



#### **HOME SCREEN**

#### **CLOSE VISITS**



Home

?

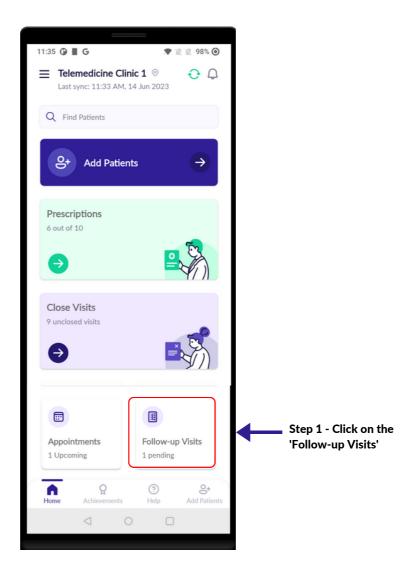
Help

8+

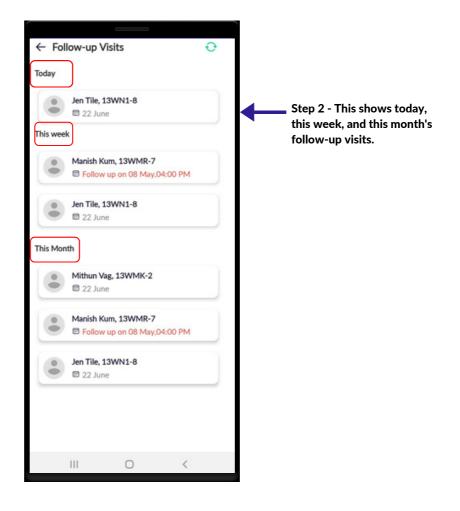
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Achie

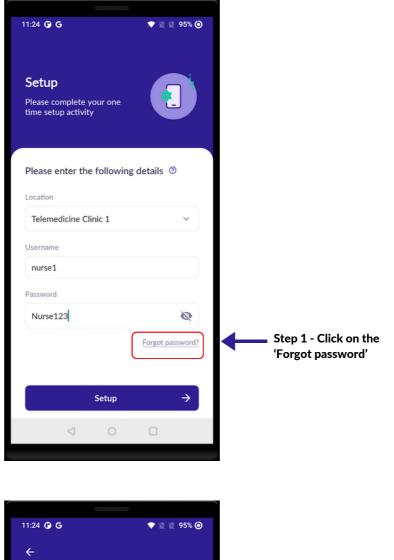
## **FOLLOW-UP VISITS**

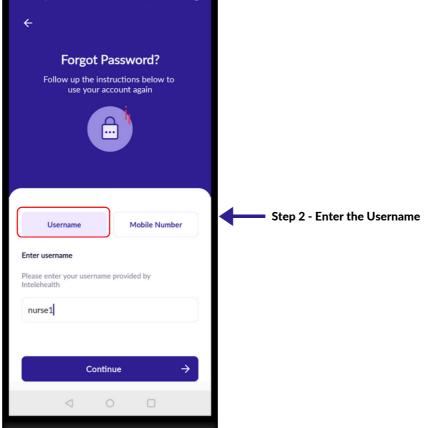


### **FOLLOW-UP VISITS**



### **FORGOT PASSWORD**





### **FORGOT PASSWORD**

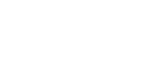


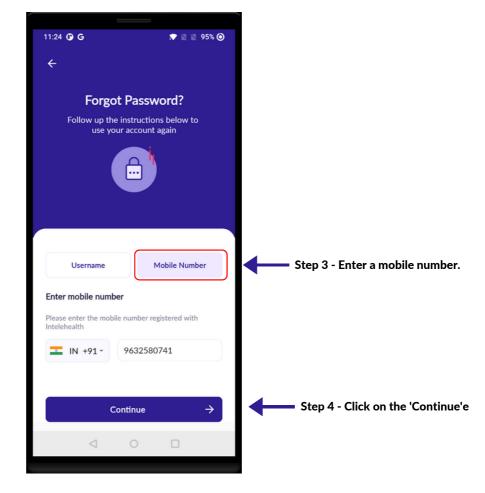








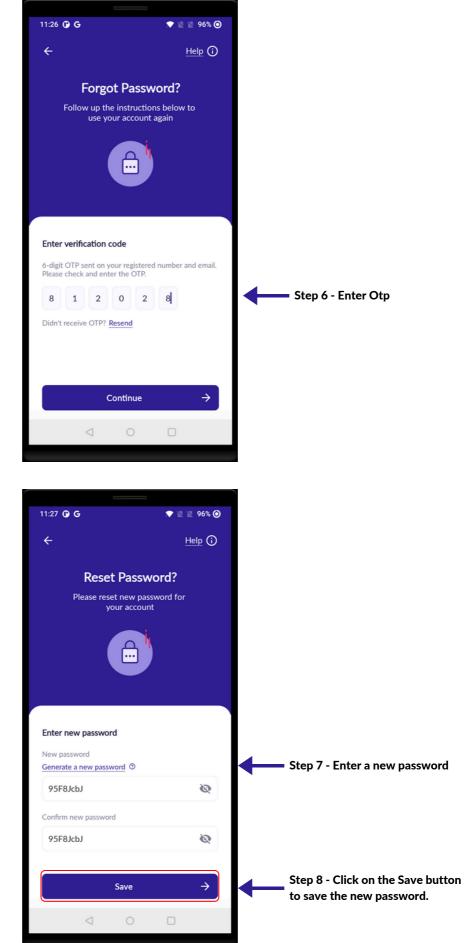




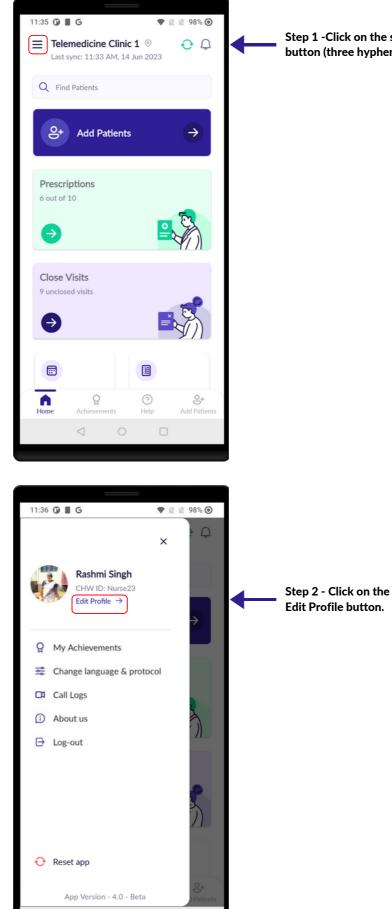
11:25 🕜 G	💎 🖹 🖹 96% 🧿	
÷		
_		
	t Password?	
	instructions below to Ir account again	
Username	Mobile Number	
Enter username		
Please enter your user	name provided by	
Intelehealth		

nt successfully

## **FORGOT PASSWORD**

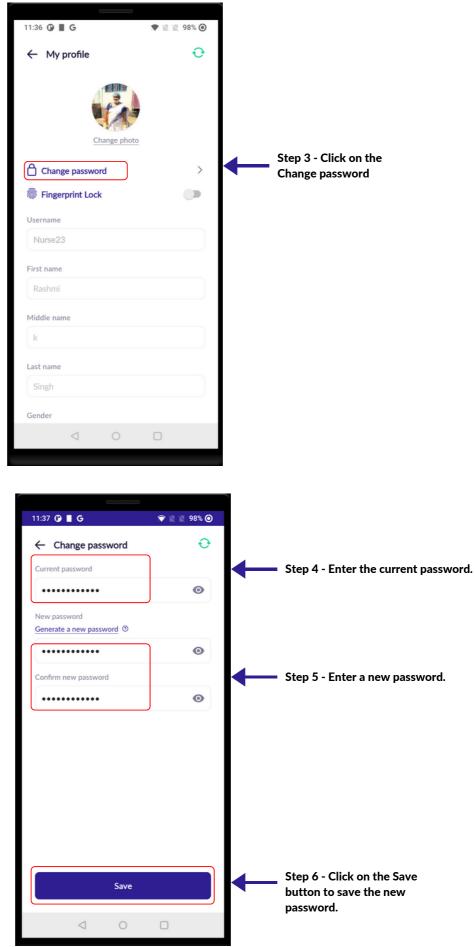


#### **CHANGE PASSWORD**

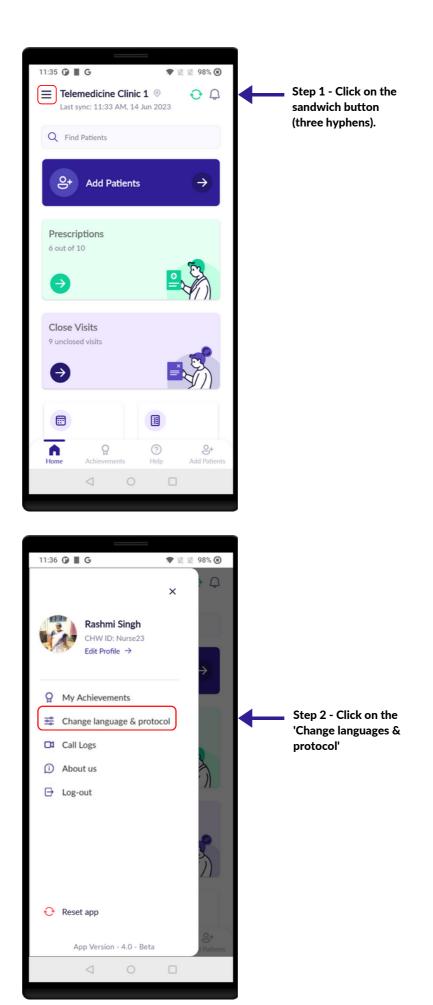


Step 1 -Click on the sandwich button (three hyphens).

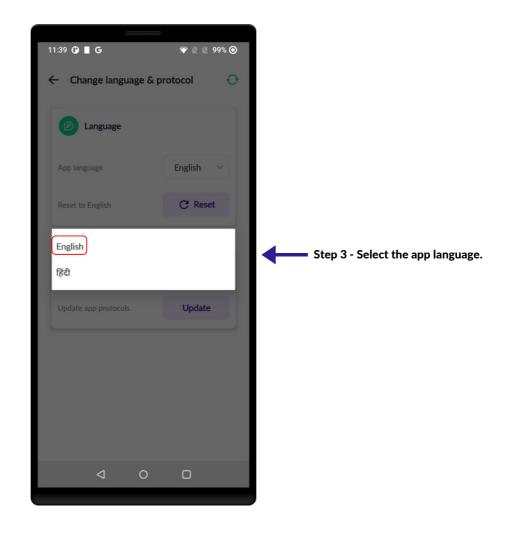
### **CHANGE PASSWORD**



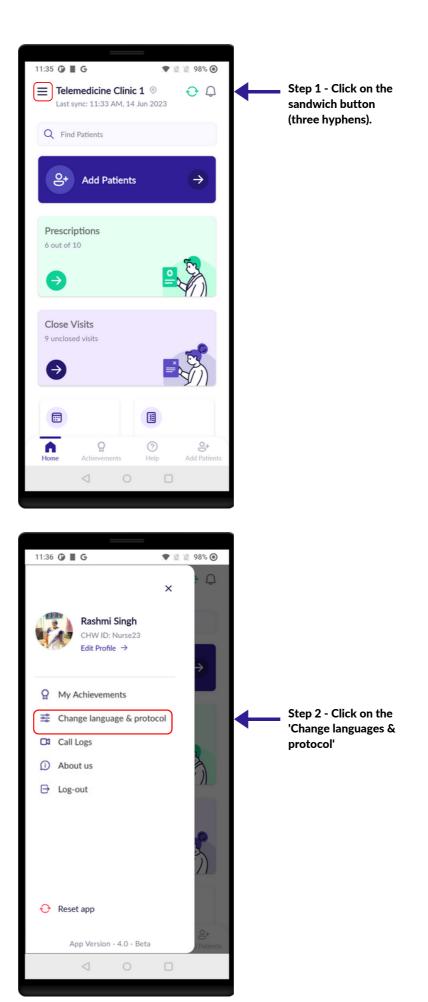
### **CHANGE LANGUAGE**



### **CHANGE LANGUAGE**

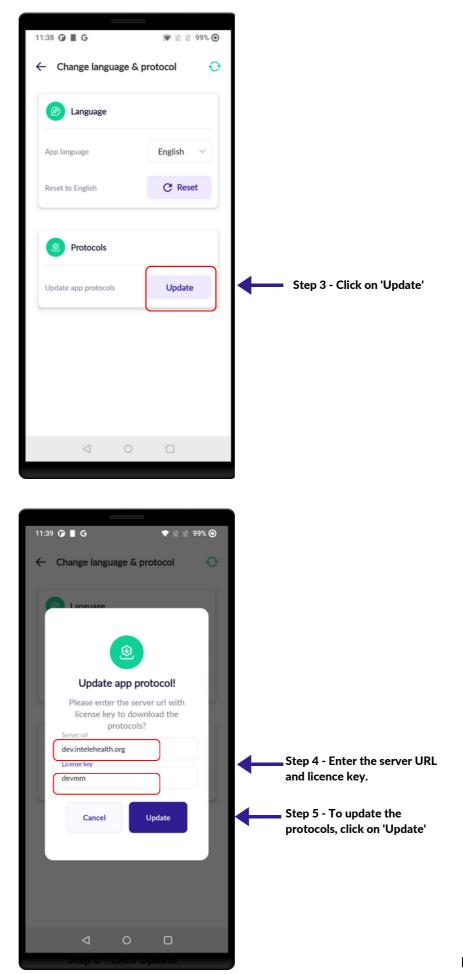


## **CHANGE PROTOCOL**



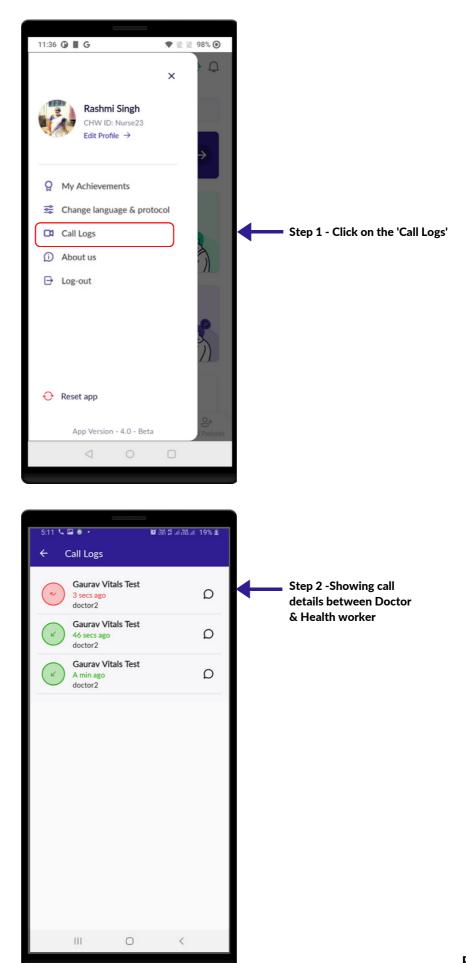
#### 34 | CHANGE PROTOCOL

# **CHANGE PROTOCOL**

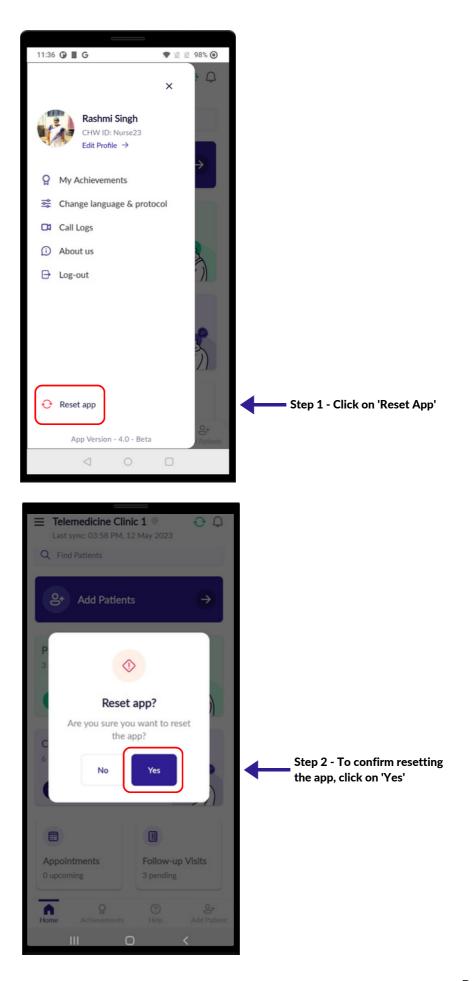


Page 91

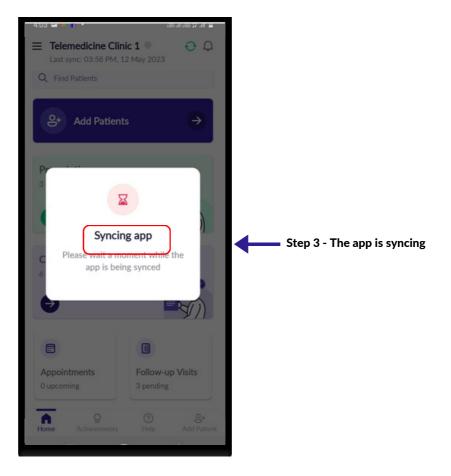
# CALL LOGS

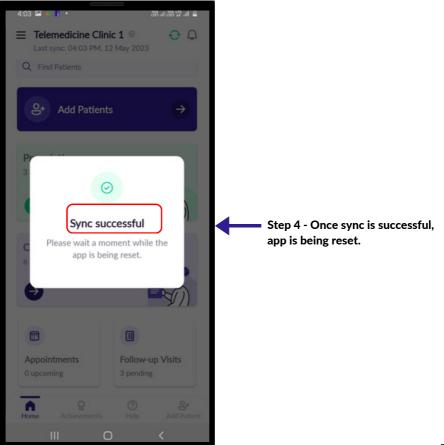


## **APP RESET**



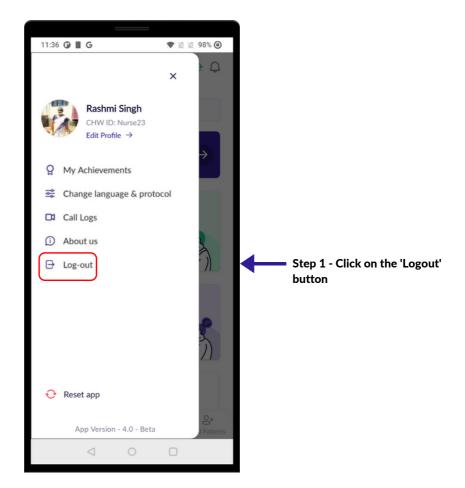
## **APP RESET**

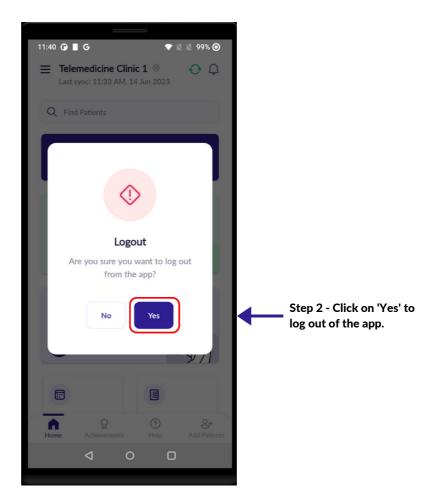




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## LOG OUT





## LOG OUT

