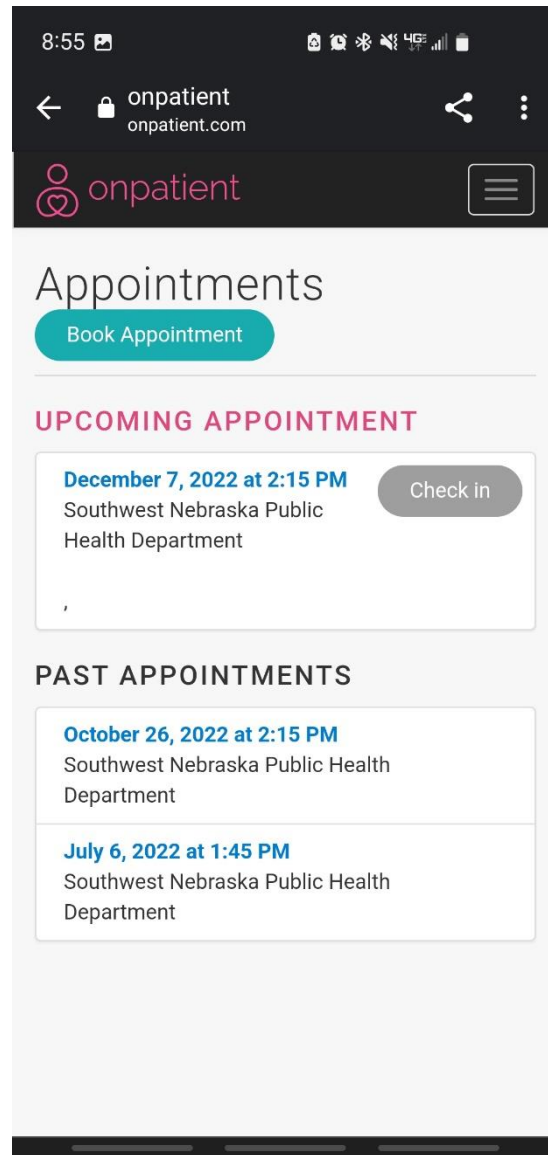
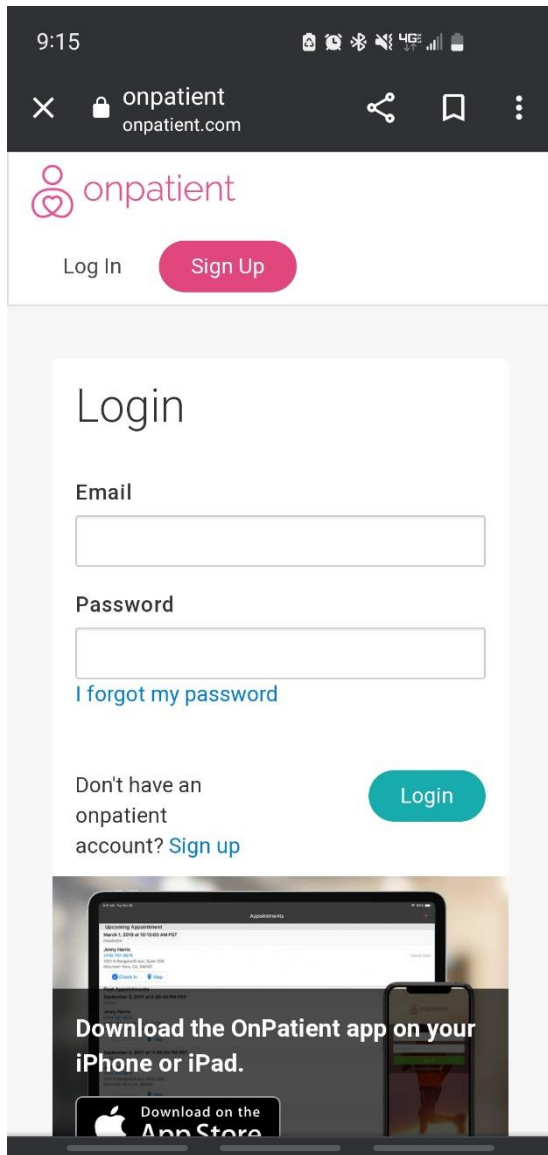


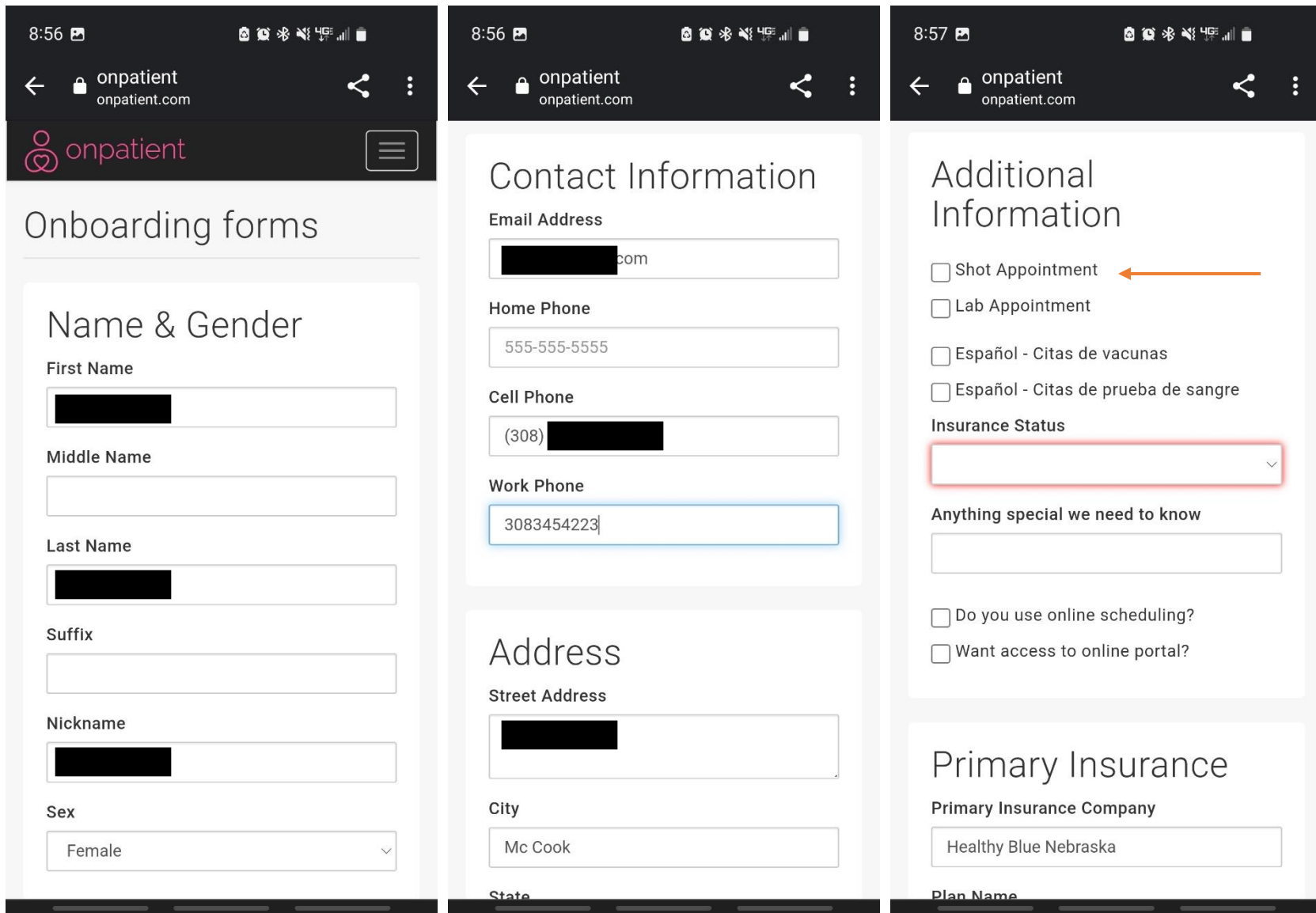
Welcome to SWNPHD's online check in! If you experience issues with the check in process, please call the office at 308-345-4223.



Login through the onpatient app or at onpatient.com.

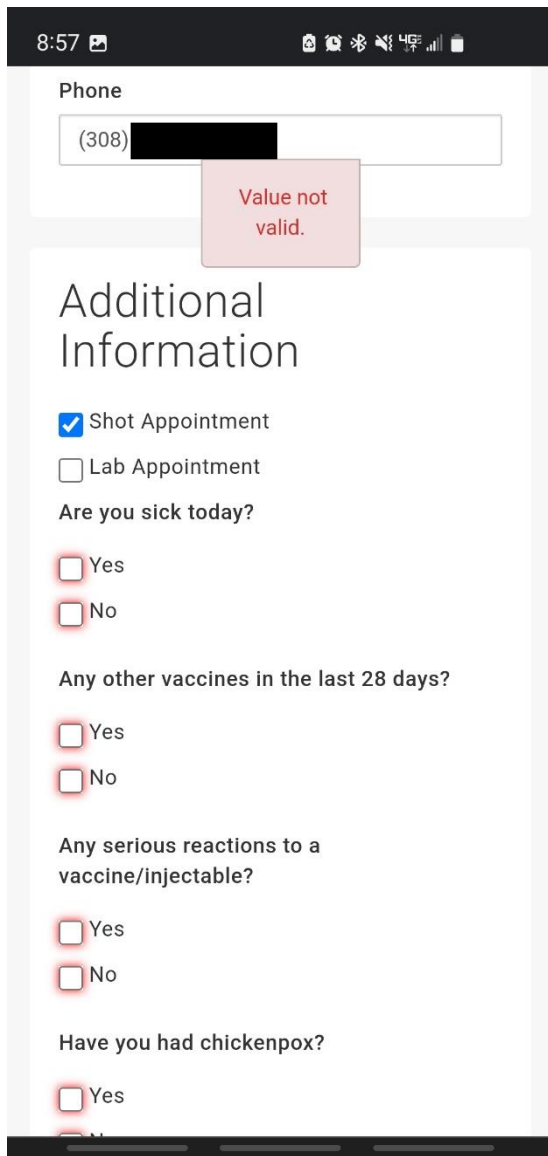
Then click the **Check in** button on the date of your upcoming appointment.

Next go through the onboarding questions to make sure all your information is up to date.



Click the box next to the type of appointment you are going to have, either Shot Appointment or Lab Appointment.

Then fill out the appointment screening questions in the Additional Information section.



8:57

Phone

(308) [REDACTED]

Value not valid.

### Additional Information

Shot Appointment

Lab Appointment

Are you sick today?

Yes

No

Any other vaccines in the last 28 days?

Yes

No

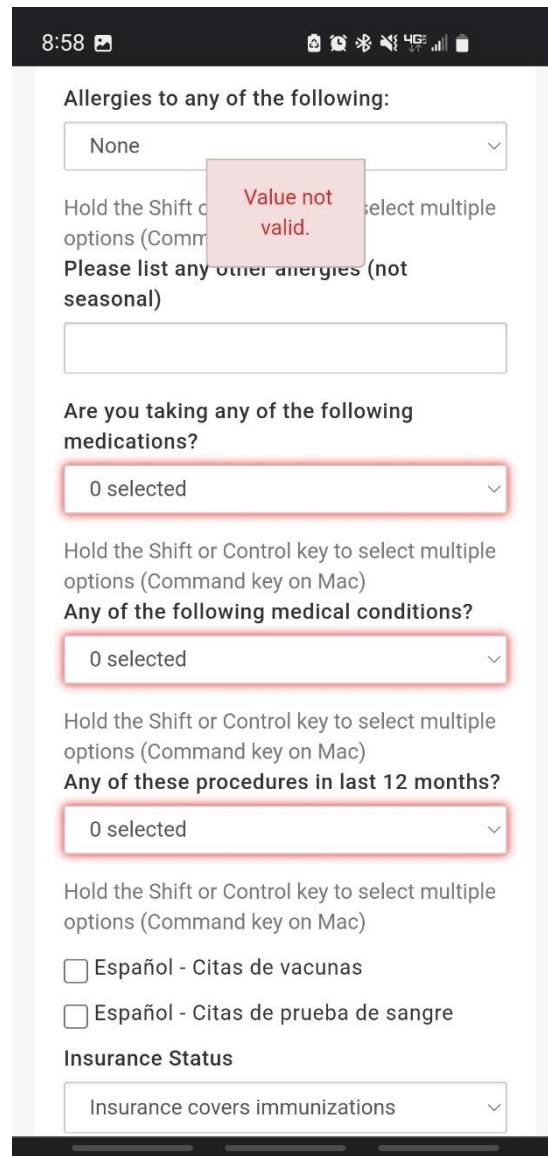
Any serious reactions to a vaccine/injectable?

Yes

No

Have you had chickenpox?

Yes



8:58

Allergies to any of the following:

None

Value not valid.

Hold the Shift or Control key to select multiple options (Command key on Mac)

Please list any other allergies (not seasonal)

Are you taking any of the following medications?

0 selected

Hold the Shift or Control key to select multiple options (Command key on Mac)

Any of the following medical conditions?

0 selected

Hold the Shift or Control key to select multiple options (Command key on Mac)

Any of these procedures in last 12 months?

0 selected

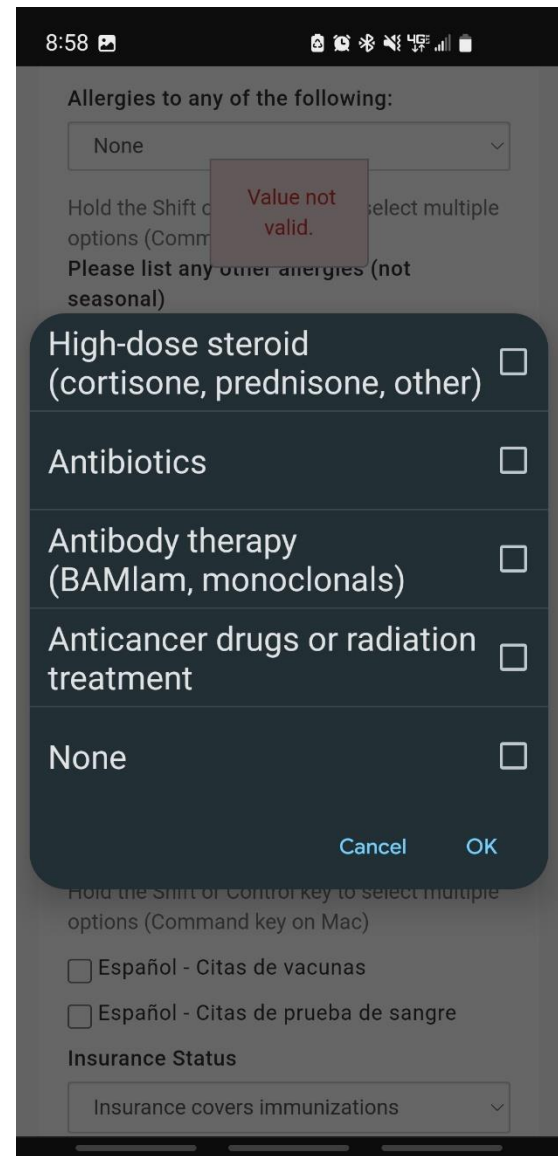
Hold the Shift or Control key to select multiple options (Command key on Mac)

Español - Citas de vacunas

Español - Citas de prueba de sangre

Insurance Status

Insurance covers immunizations



8:58

Allergies to any of the following:

None

Value not valid.

Hold the Shift or Control key to select multiple options (Command key on Mac)

Please list any other allergies (not seasonal)

High-dose steroid (cortisone, prednisone, other)

Antibiotics

Antibody therapy (BAMlam, monoclonals)

Anticancer drugs or radiation treatment

None

Cancel OK

Hold the Shift or Control key to select multiple options (Command key on Mac)

Español - Citas de vacunas

Español - Citas de prueba de sangre

Insurance Status

Insurance covers immunizations

Tap the dropdown arrow on each box to bring up the choices. If none of the options apply to you, click None.

8:59

Do you use online scheduling?  
 Want access to online portal?

Value not valid.

## Primary Insurance

**Primary Insurance Company**  
Healthy Blue Nebraska

**Plan Name**  
[Empty]

**Insurance ID Number**  
[Redacted]

**Group Number**  
[Empty]

**Patient Student Status**  
[Empty]

Are you the insurance subscriber?

## Consent & Signature

[Empty]

3:09

Are you the insurance subscriber?

**First Name**  
John

**Middle Name**  
[Empty]

**Last Name**  
Doe

**Suffix**  
[Empty]

**Date of Birth**  
1981-01-01

**Social Security #**  
###-##-####

**Gender**  
Male

**Relationship To Subscriber**  
[Empty]

Put in your insurance information, if any, or check that it is still the same.

Uncheck the box next to "Are you the insurance subscriber?" if your insurance is under someone else's name, like a parent or spouse.

Then fill out their information in the subscriber section. Do NOT enter their social security number, just their name and birthdate.

8:59

Insurance ID Number

Group Number

Patient Student Status

Are you the insurance subscriber?

### Consent & Signature

2 unread consent forms		
<input type="checkbox"/>	Vaccination Consent Form	
<input type="checkbox"/>	HIPAA Data Use Agreement	Required

**I'm done**

FHIR API Documentation Terms of Service Privacy Policy Support © 2022 DrChrono Inc.

9:00

onpatient  
onpatient.com

1 unread consent form

<input checked="" type="checkbox"/>	Vaccination Consent Form	
<input type="checkbox"/>	HIPAA Data Use Agreement	Required

DataUseAgreement.pdf

**Open**

**I've read this document**

9:00

a045d13d-2018-...

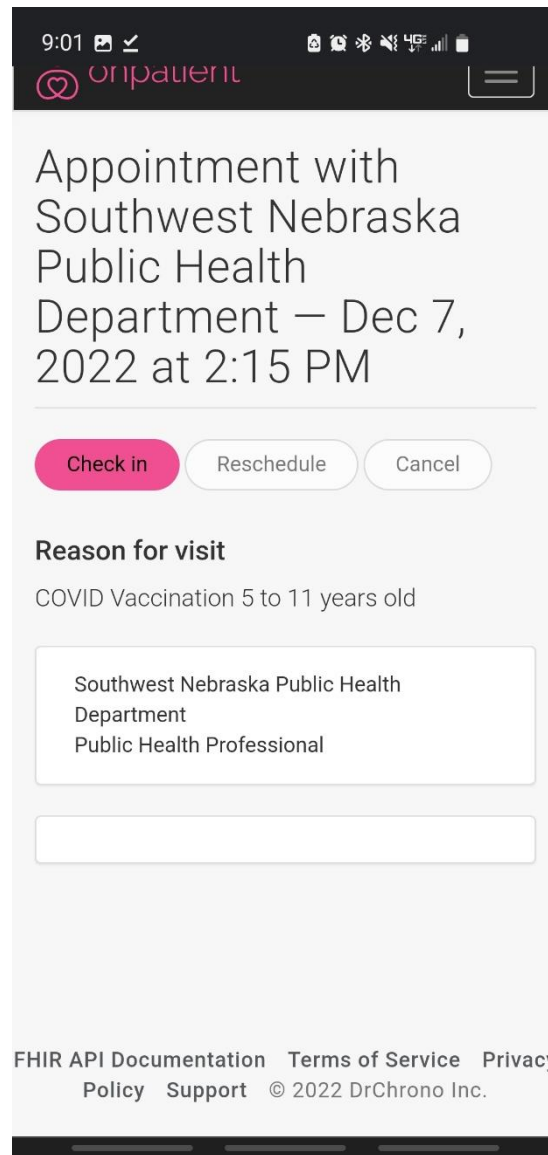
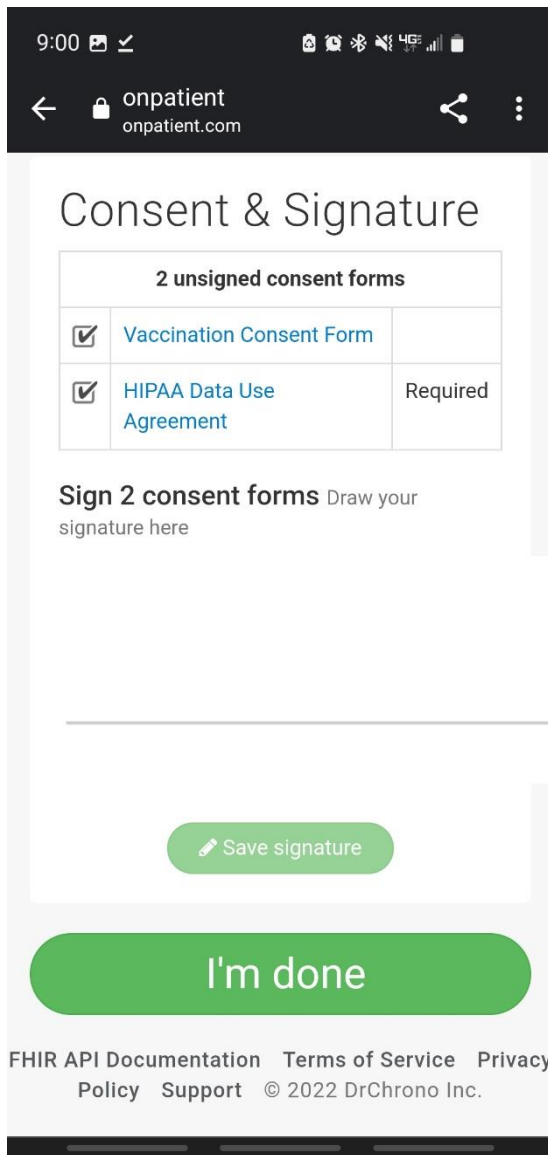
Vaccination consent form

I have received a copy of the Vaccine Information Statement(s) (VIS) given to me about the vaccine(s) the client is receiving today. I understand the vaccines given are based upon those recommended for the client's age, circumstances and/or available vaccine history. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and their presently know side effects. There is no guarantee of immunity or that the client will not experience an adverse reaction to the vaccine(s). In the event of adverse side effects or that immunity does not occur, I hereby hold SWNPHD harmless for all liability to the extent permitted under the law. Vaccines administered by SWNPHD are entered into NESIS (Nebraska State Immunization Information system). If applicable, I permit these services to be submitted to insurance. If the insurance does not pay, I understand that I am responsible for payment. I authorize SWNPHD to release information from the client's medical record including, but not limited to, the following entities: client family/guardians/representatives requesting the immunization record, childcare, school, or work-related authorities to prove immunization status, medical providers, medical records, billing, and insurance. I authorize SWNPHD to photograph me and/or my child (ren) during the services provided and utilize the image(s) for publishing and/or distribution. SWNPHD will communicate with me regarding immunizations, other services or notification via text, email, phone or other electronic means and my signature indicates acceptance of those contacts until I revoke the authorization to SWNPHD in writing. I understand that the medical release may be revoked at any time by notifying SWNPHD in writing and the revocation will be effective as of the date notified except to the extent action has already been taken.

1/1

Tap the blue form titles to view the forms. You will get a button to open the pdf or click "I've read this document" to continue.

\*If you open the pdf to read the consent forms, you must hit the **back arrow** to return to the check in screen.



Once you have marked that you read both forms, sign your name in the signature box and click “I’m done.”

The final screen will show the Check in button in pink, which means you have completed the Check in.

If you have questions, feel free to call the office at 308-345-4223.