

How to Complete an Express Care Questionnaire

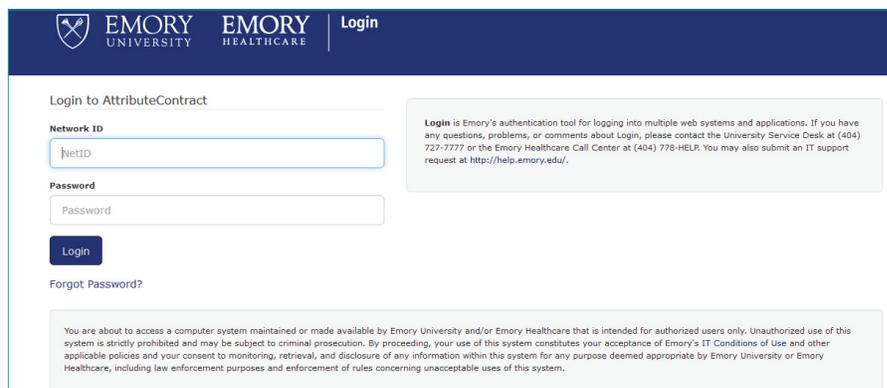


Overview: This job aid guides Emory University employees through the step-by-step directions for completing the Express Care Questionnaire in HOME.

1 If you make an appointment at Emory's Express Care Clinic (the free clinic for Emory employees), you will need to complete a questionnaire using the HOME portal prior to your visit. To access HOME, log in to Self-Service (<http://leo.cc.emory.edu>) with your Emory Network ID and password. Then, click on the **Workplace Health** tile.



2 You will be prompted to log in again with your Net ID and password.



EMORY UNIVERSITY | EMORY HEALTHCARE | Login

Login to AttributeContract

Network ID

Password

Login

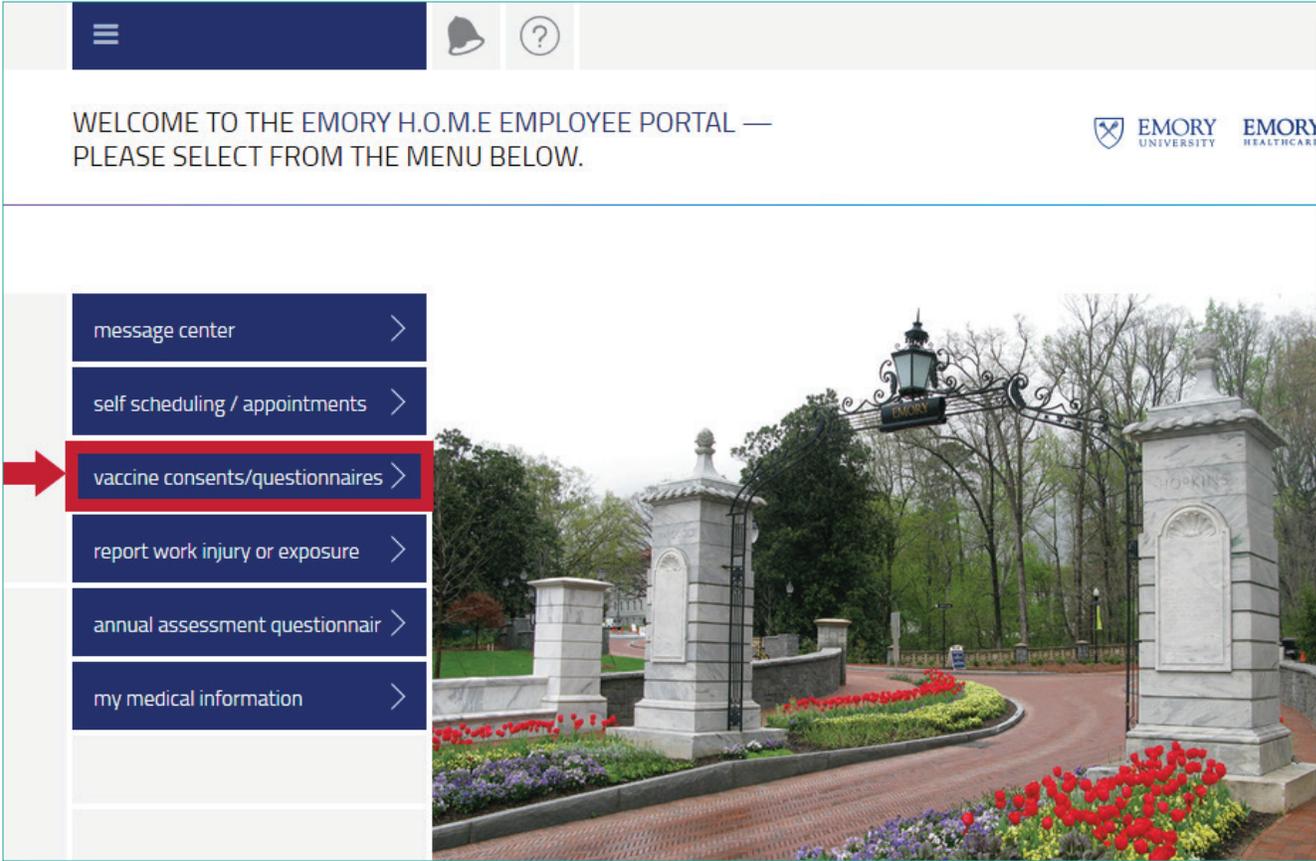
Forgot Password?

Login is Emory's authentication tool for logging into multiple web systems and applications. If you have any questions, problems, or comments about login, please contact the University Service Desk at (404) 727-7777 or the Emory Healthcare Call Center at (404) 778-HELP. You may also submit an IT support request at <http://help.emory.edu/>.

You are about to access a computer system maintained or made available by Emory University and/or Emory Healthcare that is intended for authorized users only. Unauthorized use of this system is strictly prohibited and may be subject to criminal prosecution. By proceeding, your use of this system constitutes your acceptance of Emory's IT Conditions of Use and other applicable policies and your consent to monitoring, retrieval, and disclosure of any information within this system for any purpose deemed appropriate by Emory University or Emory Healthcare, including law enforcement purposes and enforcement of rules concerning unacceptable uses of this system.

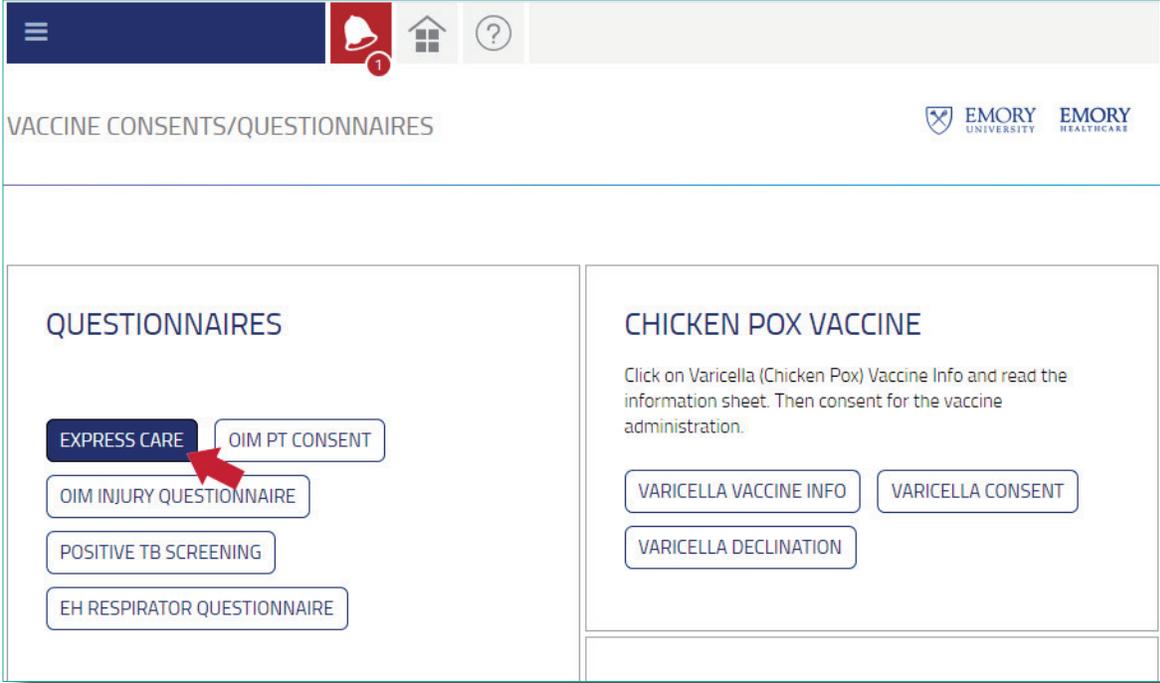
3

If you are a manager, you will be given a choice between portal access or supervisor access. Click **Portal** and your dashboard will appear. Next, click on **vaccine consents/questionnaires**.



4

Under the first tile on the left, Questionnaires, click on **Express Care**.



5

Answer all of the questions, then click **submit**.

SUBMIT

Express Care Clinic Questionnaire

Please remember to use the portal to self-schedule your OIM Express Care visit. Times available are first come first serve.

Name
MR Number
Address

Telephone number
Cell phone number
Birth date
Position Title

IN ORDER TO BETTER ASSIST YOU IN YOUR TREATMENT, PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY

Please explain current chief complaint or problem. *

Please state what symptoms you are experiencing, i.e., headache, vision changes, pain, dizziness, numbness or tingling, loss of feeling in body part, etc. *

Rate the quality of your pain on a scale of 0-10 with (0) indicating no pain and (10) describing the worst pain you have ever experienced. *

How long have you been experiencing symptoms or pain? *

What relieves your pain or symptoms? *

Have you had past injuries or problems similar to what you are now experiencing? Describe: *

List your past surgeries or procedures and dates. *

What is the name, address and phone number of your primary care physician or the physician currently treating you? *

6

If you have not yet scheduled your Express Care Clinic appointment, click on the **Home** icon to be taken back to the home page.



7

Next, select **self-scheduling/appointments** from the left-hand menu. Follow the steps in the **Scheduling an Appointment** job aid for instructions on how to schedule an Express Care Clinic appointment.