



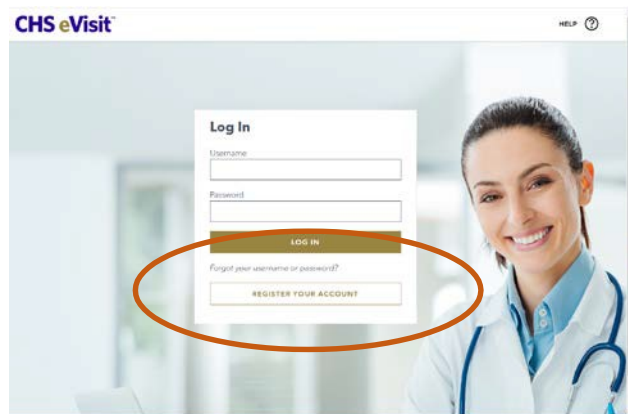
How to Register in the CHS eVisit Patient App

iPhone and Android Download:

1. To install apps you must sign in with your Apple ID/Google create one.
 - a. **For Apple Phone:** Search for the App Store 
 - b. **For Androids:** Search for the Play Store App 
2. Browse the Store and type in “CHS eVisit”
3. Download the CHS eVisit App

Computer Download:

1. On your computer, type in: www.CHSeVisit.org



Registering:

1. At the homepage, click on “Register Your Account”
2. Enter your Name and Date of Birth
 - a. For CHS employees and their dependents, choose ***I have access to CHS eVisit through my employer***
 - b. For all other patients, choose ***I want to sign up for CHS eVisit***
3. Click **Continue**
4. Enter email address and create a password
5. Check ***I certify I have read and understand the terms and conditions*** and **Continue**
6. If you every need to reset your password you will need to entry two security questions and follow the online questions that pop up and **Continue**

Let's get started.

Tell us about yourself.

First name

Last name

Date of birth
MM DD YYYY

How did you find out about CHS eVisit?

I have access to CHS eVisit through my employer or insurance provider

I want to sign up for CHS eVisit

7. Enter your address, home and/or cell phone, height and weight and **Continue**

What is your primary address?

Address Line 1

Address Line 2 (optional)

City

State

Zip

CONTINUE

How should we call you?

Home Phone Number (optional)

Mobile Phone Number (optional)

CONTINUE

What is your current height and weight?

Height (feet) Height (inches)

Please enter a height.

Weight (lbs)

Please enter a value greater than 0.

CONTINUE

What is your gender?

Male Female Other

[CONTINUE](#)

What is your preferred language?

Language
English

[CONTINUE](#)

Do you require a Hearing Impaired Relay Service?

Yes No

[CONTINUE](#)

Please enter your medical history.

MEDICATIONS [Change](#)
No medications

KNOWN ALLERGIES [Change](#)
No known allergies

MEDICAL CONDITIONS [Change](#)
No medical conditions

SOCIAL HISTORY [Change](#)
Alcohol use (not answered)
Drug use (not answered)
Tobacco use (not answered)
Immunizations (not answered)
Recent out of the country travel (not answered)

[CONTINUE](#) [SKIP](#)

Please enter your medical history.

SOCIAL HISTORY

Do you drink alcohol?
 Yes No N/A

Do you use recreational drugs?
 Yes No N/A

Do you smoke or use tobacco?
 Yes No N/A

Are your immunizations up to date?
 Yes No N/A

Have you traveled out of the country in the last 2 months?
 Yes No N/A

Who is your primary care physician?

First Name

Middle Name (optional)

Last Name

Address Line 1 (optional)
Street address

Address Line 2 (optional)
Apartment, suite, unit, building, floor, etc.

City (optional)

State (optional)
Select state...

Zip (optional)

Phone Number (optional)

Fax Number (optional)

Your Provider will then schedule an appointment for you at the agreed upon time. An email from CHS eVisit will be sent to notify you that the appointment has been scheduled.

A few minutes before the appointment time, you may receive a notification. At that time, login to the CHS eVisit app and you will see your pending visits and will be asked if you want to Connect. Click yes and answer the questions to let the provider know you are in the waiting room.