



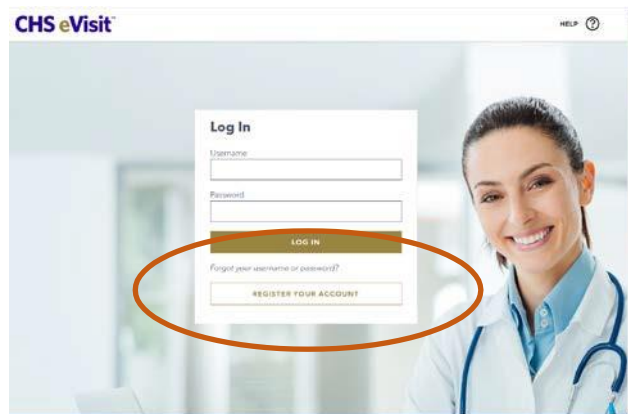
## How to Register in the Catholic Health eVisit Patient App

### 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 “Catholic Health eVisit”
3. Download the Catholic Health eVisit App

### Computer Download:

1. On your computer, type in: [www.CHSeVisit.org](http://www.CHSeVisit.org)



### Registering:

1. At the homepage, click on “Register Your Account”
2. Enter your Name and Date of Birth
  - a. For Catholic Health employees and their dependents, choose ***I have access to Catholic Health eVisit through my employer***
  - b. For all other patients, choose ***I want to sign up for Catholic Health 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  
100 Quentin Roosevelt Blvd.

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

City  
Garden City

State  
New York

Zip  
11530

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)  
0  
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 Catholic Health 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 Catholic Health 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.