



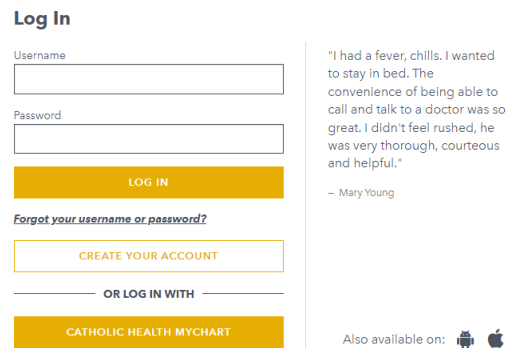
How to Register in the Catholic Health Video Visit Patient App

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 Video Visit”
3. Download the Catholic Health Video Visit App

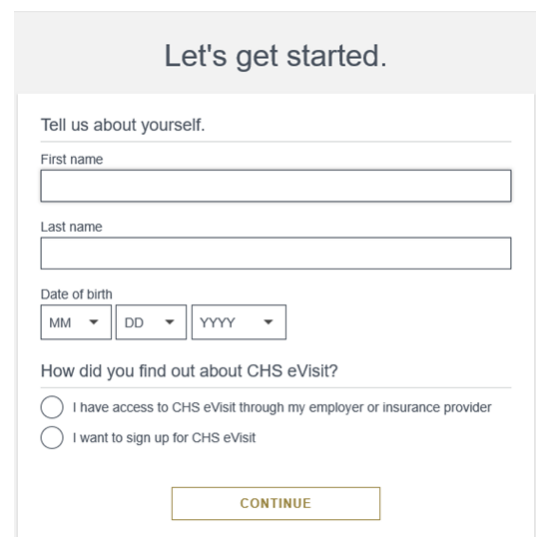
Computer Download:

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



Registering:

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



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

How should we call you?

Home Phone Number (optional)

Mobile Phone Number (optional)

What is your current height and weight?

Height (feet)
Height (inches)
Please enter a height.

Weight (lbs)

Please enter a value greater than 0.

What is your gender?

Male Female Other

What is your preferred language?

Language
English

Do you require a Hearing Impaired Relay Service?

Yes No

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)	

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 Video Visit 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 Video Visit 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.