



# Perrysburg Schools

Perrysburg Health & Wellness Center  
Perrysburg, OH

## Instructions for Accessing the Center Website

### Importance of Website

*Our website is a centralized location with a unique login for every patient. It is a private and useful tool for you to: update personal medical information, scheduling appointments, wellness library, online forms, and satisfaction surveys amongst other things. We hope you enjoy this tool for years to come.*

*Here's how to get started...*

## Getting Started

1. Open a Web Browser, and load up the website <https://clinic.wecaretlc.com>

**Note:** If the user has Popup Blocker on, the popups such as the Patient Questionnaire reminder will be blocked. The popup blocker needs to be turned off for this site.

2. Fill in the following items: **\*\* (Every participant has their own unique login, even children) \*\***

**Group ID:** **PBURGSCHOOLS**

**User ID:** **Last 4-digits of Member ID +First Name+ (Gender M or F) +Birth Year**

**For Example:**

- **Member ID =5678**
- **First Name=John**
- **Gender=M or F**
- **Birth year=1983**

**For example, your User ID would be 5678JohnM1983**

**Password:** Last Name (ALL IN-CAPITAL LETTERS)

**User password should be: SMITH**

**If you have logged in previously use the password, you created.**

3. Once logged in you will be prompted to reset your password.

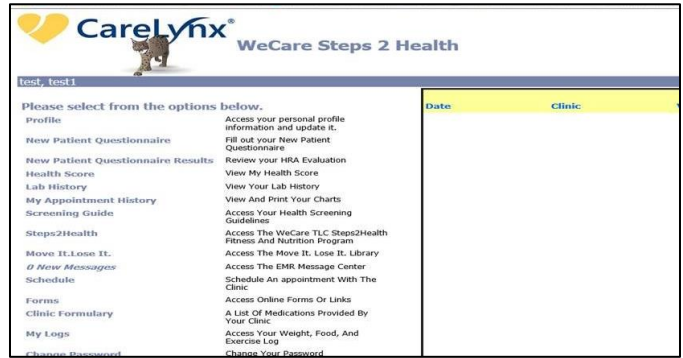
Please Log In Below

Group ID	<input type="text"/>
User ID	<input type="text"/>
Password	<input type="password"/>



Forgot your password? [Click Here](#) to retrieve it.

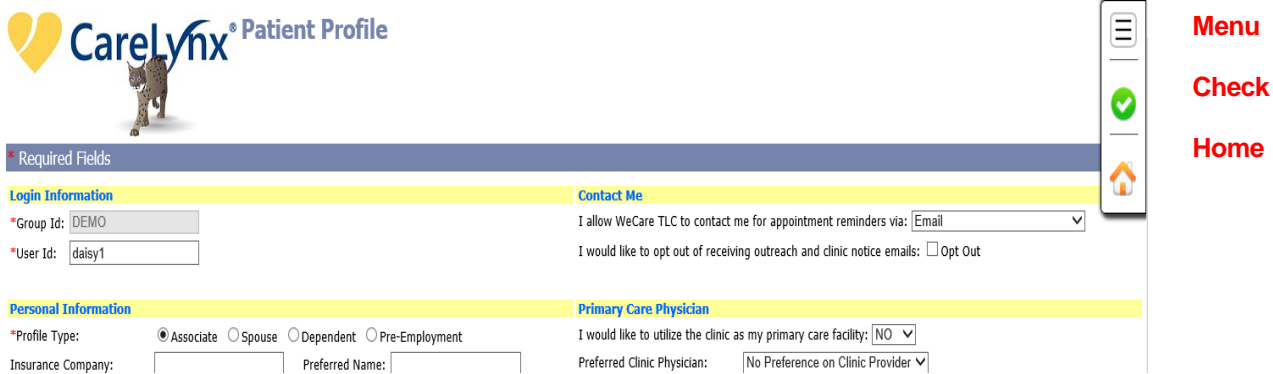
4. **Note: If you cannot get into the Employee Health Center site using the above instructions, please call (1-800-941-0644 and press option 2).**

Home Page




**Updating Your Profile**


1. Once you are logged in, click on the **PROFILE** button on the left side of the home page to add or update information in your profile. To save profile updates, click on the **CHECK MARK ICON**  at the right of your screen. To reset password, click on the **MENU BUTTON** . Scroll down and click on **RESET PASSWORD**.



If there is an error in the information entered in your profile you will see a pop-up window indicating the problem. Please contact **800-941-0644 option 2** if you are having problems with the website.

2. Return to the home page by clicking on the **RETURN HOME ICON**  in the upper right corner of the profile page. You will then be directed back to the Home Page.

## Completing the On-line Patient Questionnaire

1. Click on the **MENU BUTTON**  on the upper right-hand corner. Then click on **View HRA Evaluation**. Click on the link **New Patient Questionnaire 2018-Valid from 5/25/2018** button.
2. Answer the questions. **Note:** additional questions may appear depending on your responses.
3. Don't forget to **SAVE** your responses at the very bottom of the page,
4. If the lab values have been completed and downloaded into your profile, you will be able to see your Patient Questionnaire evaluation immediately. **If the labs are not available, you will get a message to check back in 3 to 5 days after lab work has been done to view your full Health Evaluation.**

## Completing the Online New Patient Paperwork-Health History Form

1. Select Profile from the Patient Portal Home Page.
2. Select the Menu button in the top right corner.
3. Select 'Health History Forms' at the bottom of the list.
4. Complete all forms and select "Save and Next".

Duck, Daisy

Please select from the options below.

<b>Profile</b>	Access your personal profile information and update it.
<b>HRA</b>	Fill out your Health Risk Assessment Form
<b>HRA Results</b>	Review your HRA Evaluation
<b>Health Score</b>	View My Health Score
<b>Lab History</b>	View Your Lab History
<b>My Appointment History</b>	View And Print Your Charts
<b>Screening Guide</b>	Access Your Health Screening Guidelines
<b>Move It.Lose It.</b>	Access The Move It. Lose It. Library
<b>3 New Messages</b>	Access The EMR Message Center
<b>Schedule</b>	Schedule An appointment With The Clinic
<b>Forms</b>	Access Online Forms Or Links
<b>Clinic Formulary</b>	A List Of Medications Provided By Your Clinic
<b>My Logs</b>	Access Your Weight, Food, And Exercise Log
<b>Change Password</b>	Change Your Password
<b>Setup 2 Factor Authentication</b>	Enable 2 Factor Authentication To Further Secure Your Account With An Extra Layer Of Security. You Must Have The Google Authenticator Or Microsoft Authenticator Apps Installed On Your Smart Phone To Use This Feature.
<b>Logout</b>	Logout Of The Clinic



- View Health Risk Assessment
- View Health Risk Assessment Evaluation
- View Labs
- Health Score
- Reset Password
- Setup 2 Factor Authentication
- Health History Form**

**\* Required Fields**

**Login Information**

\*Group Id:   
 \*User Id:

**Contact Me**

I allow WeCare TLC to contact me for appointment  
 I would like to opt out of receiving outreach and c

**Personal Information**

\*Profile Type:  Associate  Spouse  Dependent  Pre-Employment  
 Insurance Company:   
 \*Last Name:   
 \*Date of Birth:   
 \*Sex:  Male  Female  
 \*Address 1:   
 \*City:   
 \*Zip:   
 (Please provide at least 1 phone number)  
 Home Phone:   
 Cell Phone:   
 How did you hear about us:

**Primary Care Physician**

I would like to utilize the clinic as my primary care  
 Preferred Clinic Physician:   
 Physician Name:   
 Phone #:   
 Fax #:   
 I authorize the release of health information to the doctor I have identified.

**Insured Information (required if profile type is Dependent)**

Last Name:  First Name:   
 Date of Birth:  Member Id:   
 Relationship:  SSN: (None On File)

**Emergency Contact Information**

Name:  Home Phone:

## Health History Form

- [Personal Info](#)
- [Health History](#)
- [Surgical History](#)
- [Family and Social History](#)
- [Medication and Allergy History](#)
- [Immunization History](#)
- [Verify](#)




**PERSONAL INFORMATION**

<b>Patient Name:</b>	CALVIN SMITH
<b>MRN:</b>	171514
<b>Date of Birth:</b>	3/23/1999
<b>Place of Birth:</b>	<input type="text"/>
<b>Last Physical Exam:</b>	<input type="checkbox"/> 1-3 Yrs <input type="checkbox"/> 4-5 Yrs <input type="checkbox"/> 5-10 Yrs <input type="checkbox"/> >10 Yrs
<b>Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow

«Back

Save and Next »

## Scheduling an Appointment

1. On the main home page, click on the **SCHEDULE** link, A new window will open - verify your personal information and click on the **CHECK MARK ICON**  :

Health Score	Evaluation View My Health Score
Lab History	View Your Lab History
My Appointment History	View And Print Your Charts
Screening Guide	Access Your Health Screening Guidelines
Steps2Health	Access The WeCare TLC Steps2Health Fitness And Nutrition Program
Move It.Lose It.	Access The Move It. Lose It. Library
0 New Messages	Access The EMR Message Center
<b>Schedule</b>	<b>Schedule an appointment With The Clinic</b>
Survey	Participate In Our Satisfaction Survey
Education Library	Access Online Education Library
Forms	Access Online Forms Or Links
Clinic Formulary	A List Of Medications Provided By Your Clinic
My Logs	Access Your Weight, Food, And Exercise Log
Change Password	Change Your Password
Setup 2 Factor Authentication	Enable 2 Factor Authentication To Further Secure Your Account With An Extra Layer Of Security. You Must Have The Google Authenticator App Installed On Your Smart Phone To Use This Feature.
Logout	Logout Of The Clinic

### Please Verify Your Profile

#### \* Required Fields

#### Personal Information

\*Group Id: DEMO

\*Profile Type:  Associate  Spouse  Dependent  Pre-Employment

Preferred Name:

\*Last Name: Duck

\*Date of Birth: 5/2/1945

\*Sex:  Male  Female

\*Address 1: 12334 sesame street

\*City: Anytown

\*Zip: 46755

(Please provide at least 1 phone number)

Home Phone: 2603437171

Cell Phone:

#### Contact Me

I allow WeCare TLC to contact me for appointment reminders via:  
Email

I would like to opt out of receiving outreach and clinic notice emails:  Opt Out

#### Emergency Contact Information

\*First Name: Daisy

Name: donald duck

Home Phone:

Member Id: 225669874

Work Phone:

Cell Phone: 765-554-4444

#### Primary Care Physician

I would like to utilize the clinic as my primary care facility:  NO

Preferred Clinic Physician: No Preference on Clinic Provider

Physician Name: Dr Collicott

Phone #: 765-555-5588

Fax #:

I authorize the release of health information to the doctor I have identified.

2. Select the **Location and Reason for Visit** from the dropdown that is appropriate for your visit.

Schedule An Appointment - Internet Explorer

## Schedule Appointment

What location do you prefer: Demo Group

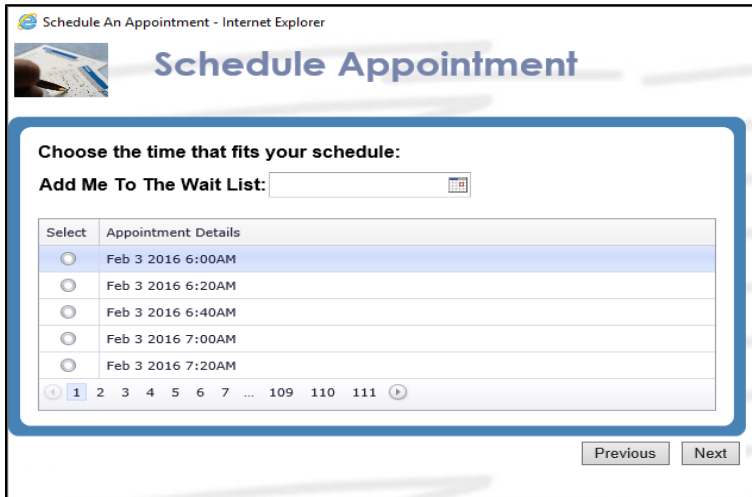
What is the reason for your visit: 2nd opinion for symptoms

Next

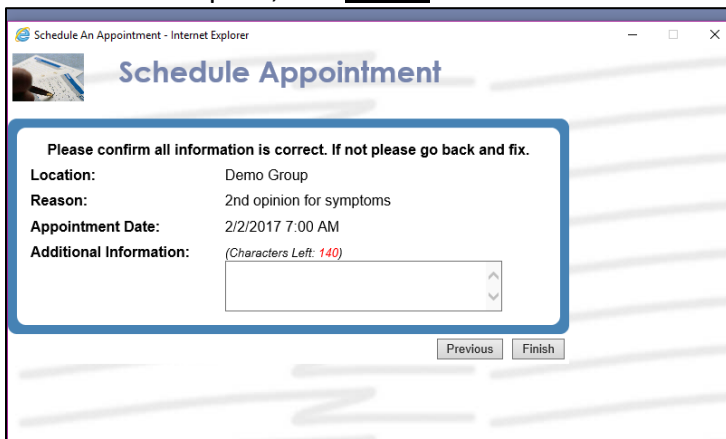
*\*Please note: This will say **Perrysburg Group***

3. Select either the preferred time frame **OR** using the pull-down menu, select the preferred date you would like to come in and then click **NEXT**.

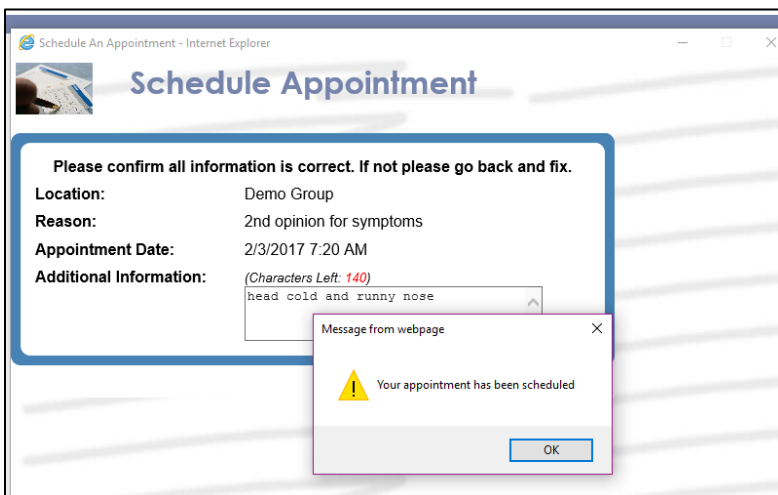
4. Now select the exact appointment time you would like. Click **NEXT**.




5. Confirm that the date and time is correct and then under Additional Information please type the reason for your visit. When complete, click **FINISH**.



6. A new window will open confirming that your appointment has been scheduled. Click **OK**. You will then be brought back to your home page.




7. You should now see the scheduled appointment listed on your home page under the “My Upcoming Appointments” section.



From the options below.

- Access your personal profile information and update it.
- Fill out your Health Risk Assessment Form
- Review your HRA Evaluation
- View My Health Score
- View Your Lab History
- View And Print Your Charts
- Access Your Health Screening Guidelines
- Access The WeCare TLC Steps2Health Fitness And Nutrition Program
- Access The Move It, Lose It, Library
- Access The EMR

My Upcoming Appointments				
Date	Clinic	Visit Type	Provider	
2/6/2017 7:20 AM	demo	2nd opinion for symptoms		Reschedule 

**\*\*\* If you would like help to schedule an appointment or would like an appointment schedule for you please dial Perrysburg Health & Wellness Center at 567-331-2500 and speak to the clerical staff.**