

PocketPatient™:


How to Access and Initiate a Virtual Visit



Log in

- After you are enabled in the portal, you should receive an email:
- This email will provide the link to download the PocketPatient™ app.
- Once the app is downloaded open it up directly.
- Enter the following in each field
 - Practice Field: **ucfhealth.ema.md**
 - Username: your email address (the same one you use for the Patient Portal)
 - Password: the same one you use for the Patient Portal
- Note: if you click the link again in your email, after you have downloaded the app, the app will prompt you to change your password

Welcome,
login to start using
PocketPatient™

 ucfhealth.ema.md

 Username

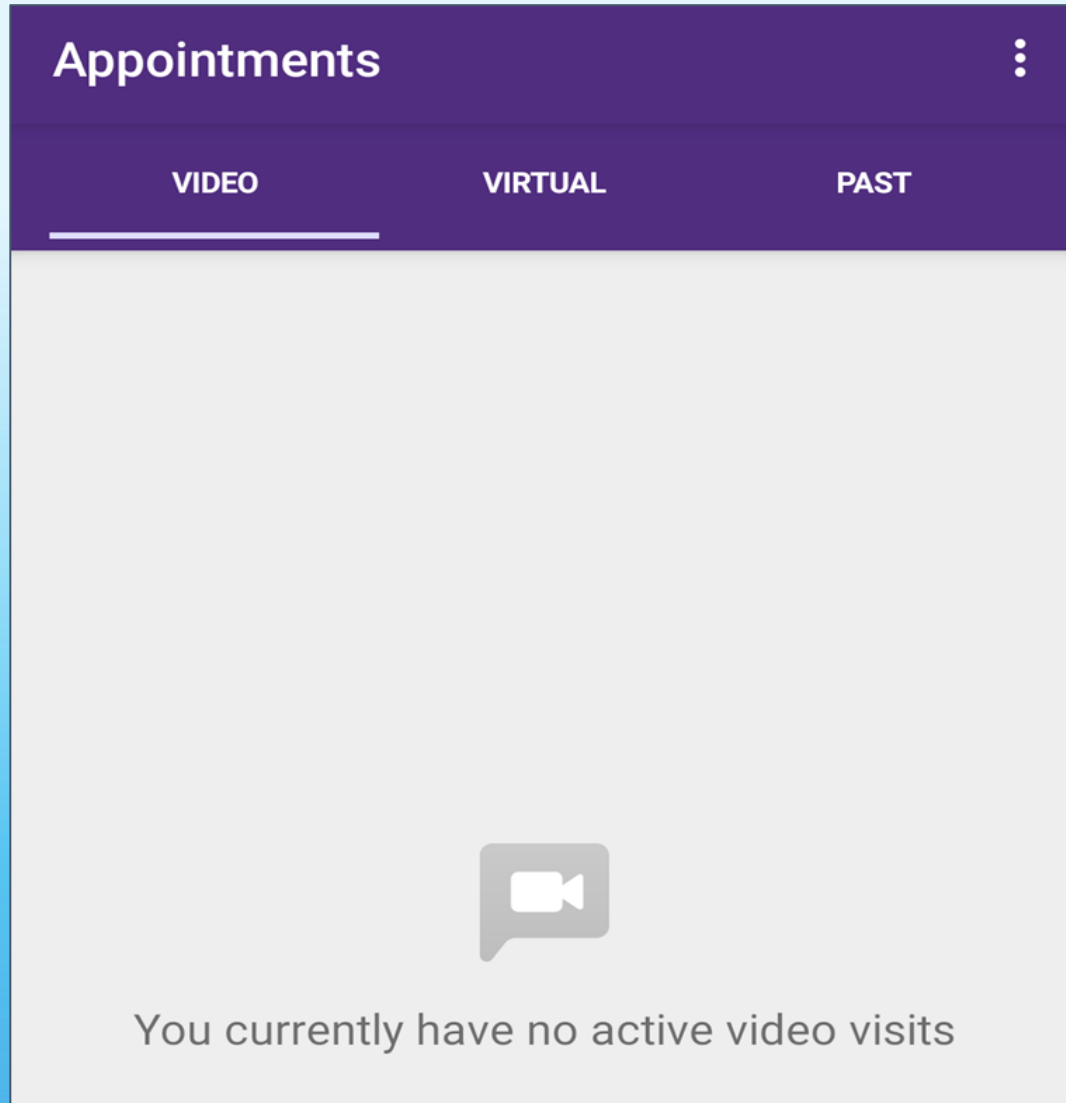
 Password

LOGIN

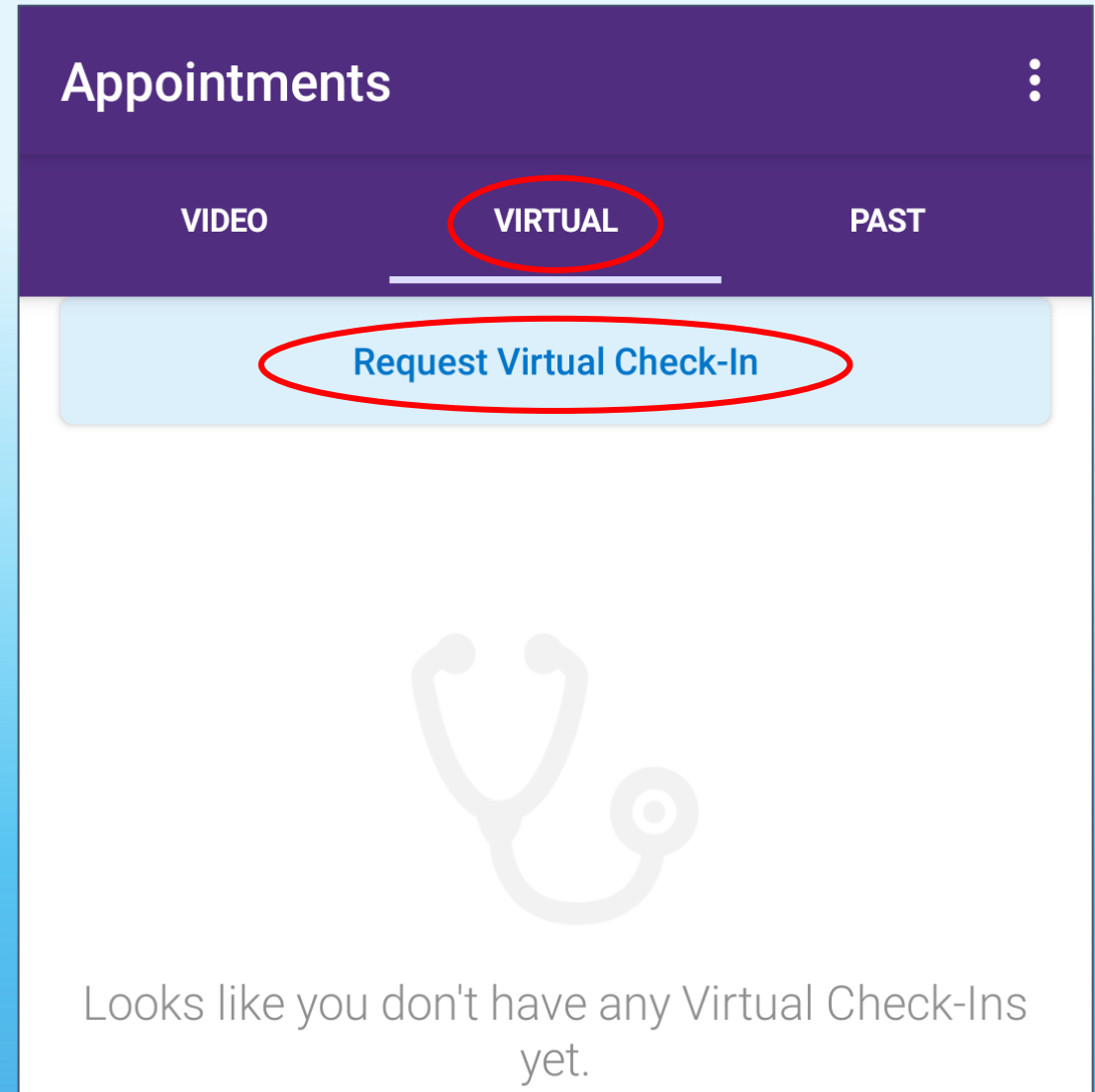
[Forgot password?](#) | [Need help?](#)

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After logging in this is the first screen you should see:





Tap on the 'VIRTUAL' tab
Next, tap on 'Request Virtual Check-In':



Once you tap 'Request Virtual Check-In' you will be prompted to select your provider

Choose the provider you would like to address :

 Provider 


Please select your provider for this Virtual Check-In

David Weinstein

Naveed Sami

After you choose your provider you will be prompted to review a Consent form

After reviewing, click 'AGREE' to continue:

 Consent

Please review and accept before continuing

MODMED PocketPatient (TM)
CONSENT TO USE OF PocketPatient (TM) SERVICES

BY CLICKING "AGREE," YOU ACKNOWLEDGE THAT YOU HAVE READ, ACCEPTED, AND AGREED TO BE BOUND BY THIS PocketPatient (TM) CONSENT. IF YOU DO NOT AGREE TO THIS PocketPatient (TM) CONSENT, CLICK ON THE "DISAGREE" BUTTON. IF YOU CLICK ON THE "DISAGREE" BUTTON, YOU WILL NOT BE ABLE TO USE THE APPLICATION OR SERVICES. YOU HEREBY GRANT AGENCY AUTHORITY TO ANY PARTY WHO CLICKS ON THE "AGREE" BUTTON ON YOUR BEHALF.

IF YOU HAVE A MEDICAL EMERGENCY, IMMEDIATELY CALL YOUR DOCTOR OR DIAL 911.

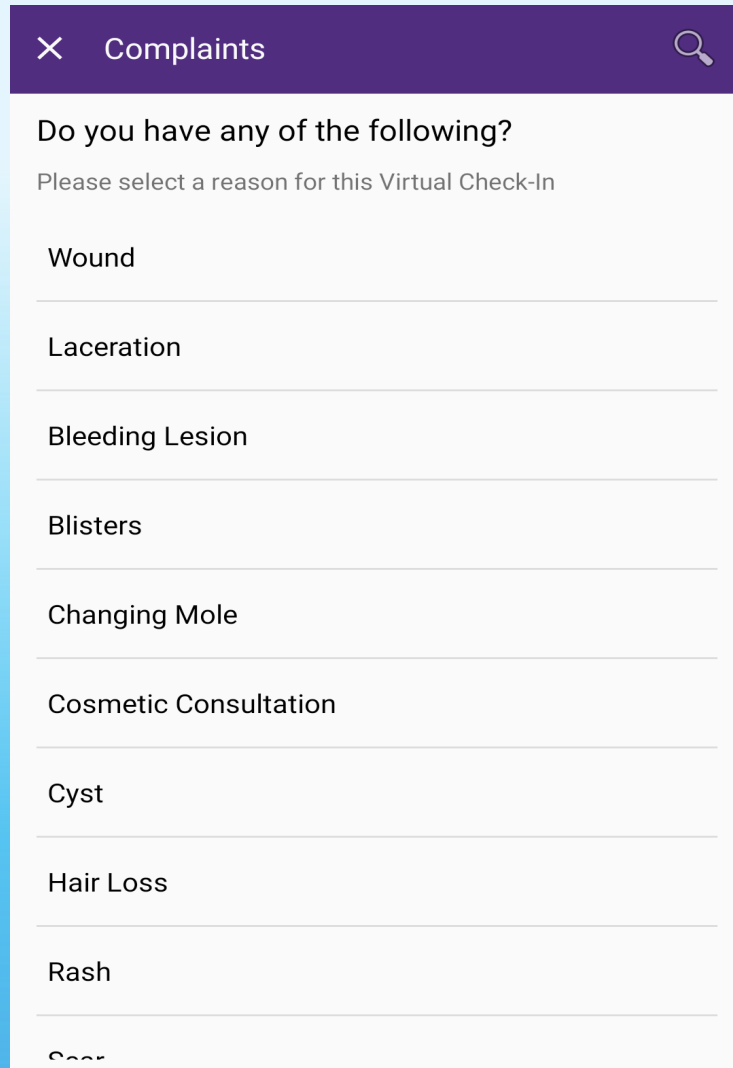
In this Consent to Use of PocketPatient (TM) Services ("PocketPatient (TM) Consent"), the terms "you" and "yours" refer to the person using the modmed PocketPatient (TM) mobile application (the "Application"), any part thereof, or anything associated therewith, including its content and any products or services provided through the Application (collectively, the "Service"), or in the case of a use of the Service by or on behalf of a minor, "you" and "yours" refer to and include (i) the parent or legal guardian who provides consent to the use of the Service by such minor or uses the Service on behalf of such minor, and (ii) the minor for whom consent is being provided or on whose behalf the Service is being utilized.

When using the Service, you will be consulting with your

CANCEL

AGREE

After agreeing, you will be led to the 'Complaints' screen:



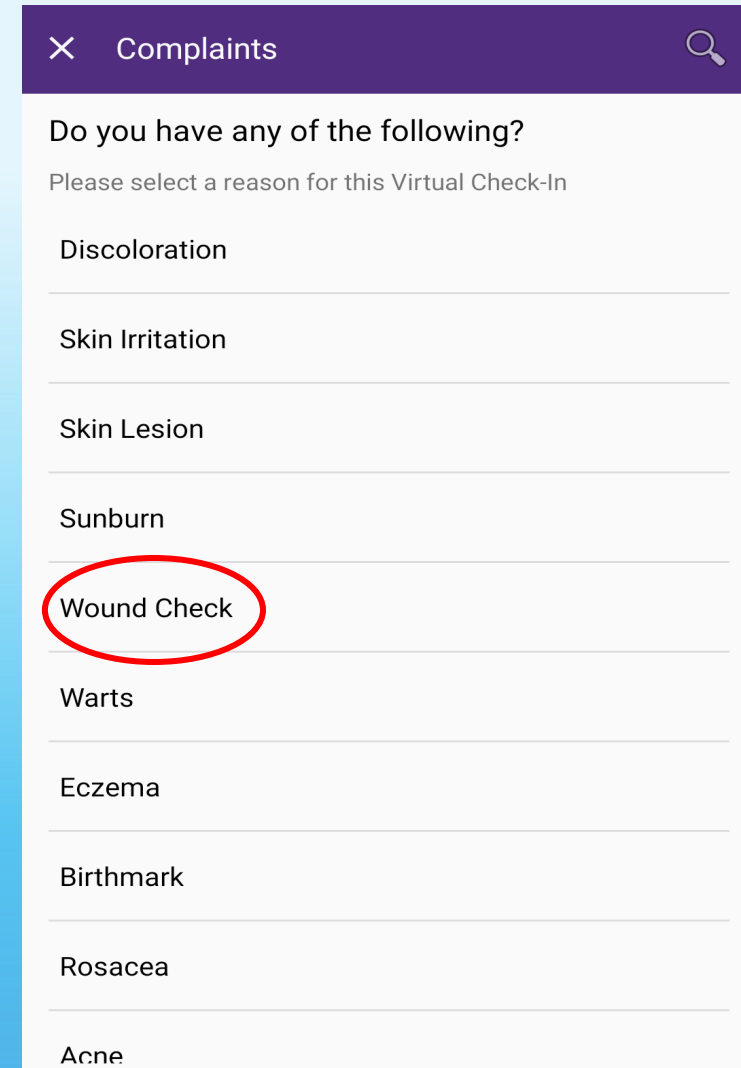
The screenshot shows a mobile app interface with a purple header bar containing a close icon (X) and the title 'Complaints', followed by a magnifying glass icon. Below the header, the text 'Do you have any of the following?' is displayed, followed by a subtitle 'Please select a reason for this Virtual Check-In'. A list of reasons is presented, each with a horizontal line for selection. The visible reasons are: Wound, Laceration, Bleeding Lesion, Blisters, Changing Mole, Cosmetic Consultation, Cyst, Hair Loss, Rash, and Scars.

Do you have any of the following?

Please select a reason for this Virtual Check-In

- Wound
- Laceration
- Bleeding Lesion
- Blisters
- Changing Mole
- Cosmetic Consultation
- Cyst
- Hair Loss
- Rash
- Scars

Scroll down and choose the reason for the visit that best applies to you:



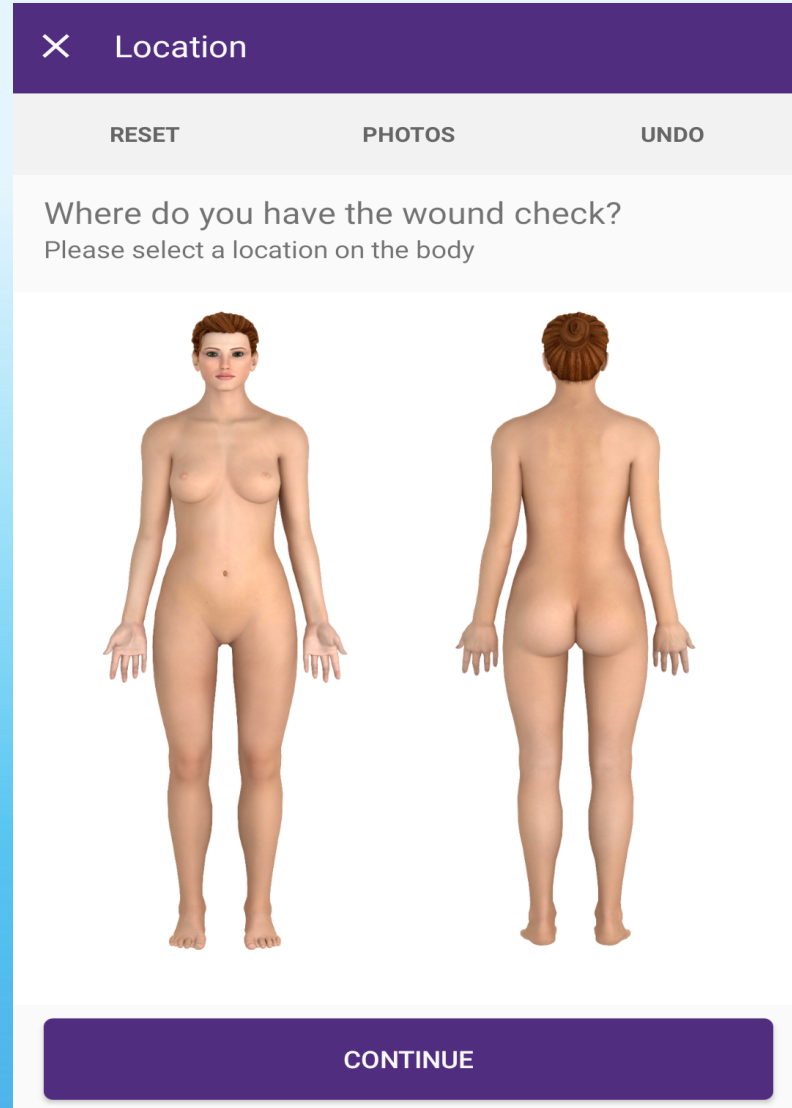
This screenshot is identical to the previous one, but with the 'Wound Check' option highlighted by a red circle. The list of reasons includes: Discoloration, Skin Irritation, Skin Lesion, Sunburn, Wound Check, Warts, Eczema, Birthmark, Rosacea, and Acne.

Do you have any of the following?

Please select a reason for this Virtual Check-In

- Discoloration
- Skin Irritation
- Skin Lesion
- Sunburn
- Wound Check
- Warts
- Eczema
- Birthmark
- Rosacea
- Acne

After choosing the visit reason, you will be prompted to choose the location:

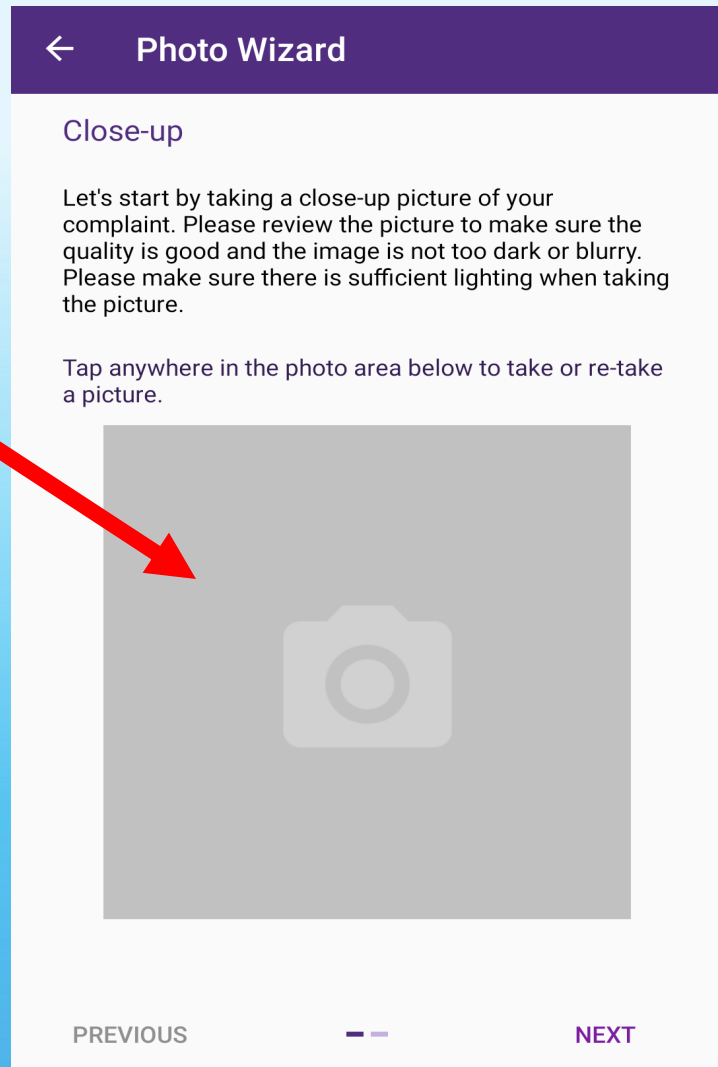


Use 2 fingers to zoom in to the body location you would like to choose and tap:

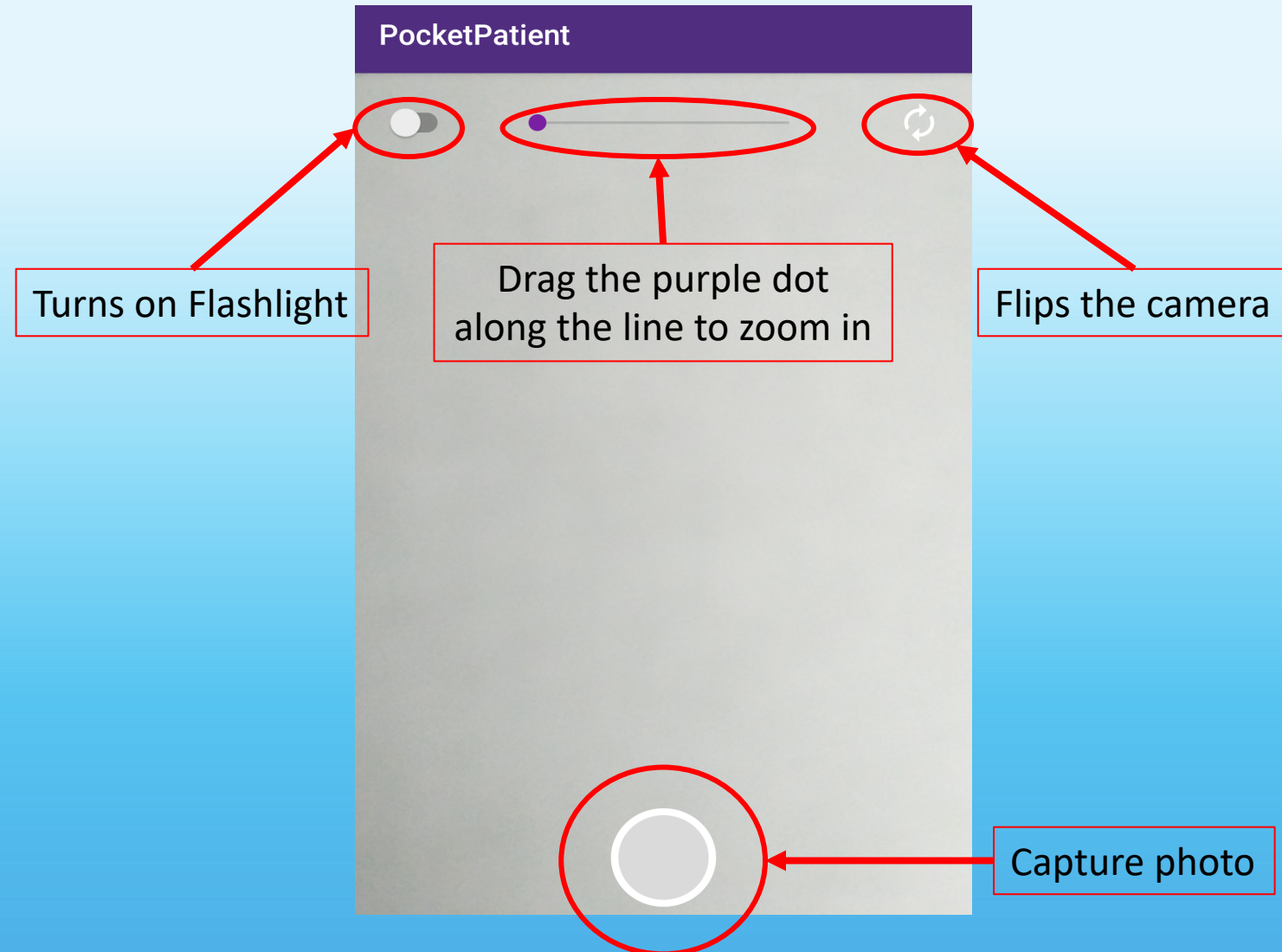


Once you select the location, you will be led to the 'Photo Wizard'

Tap within the gray box:

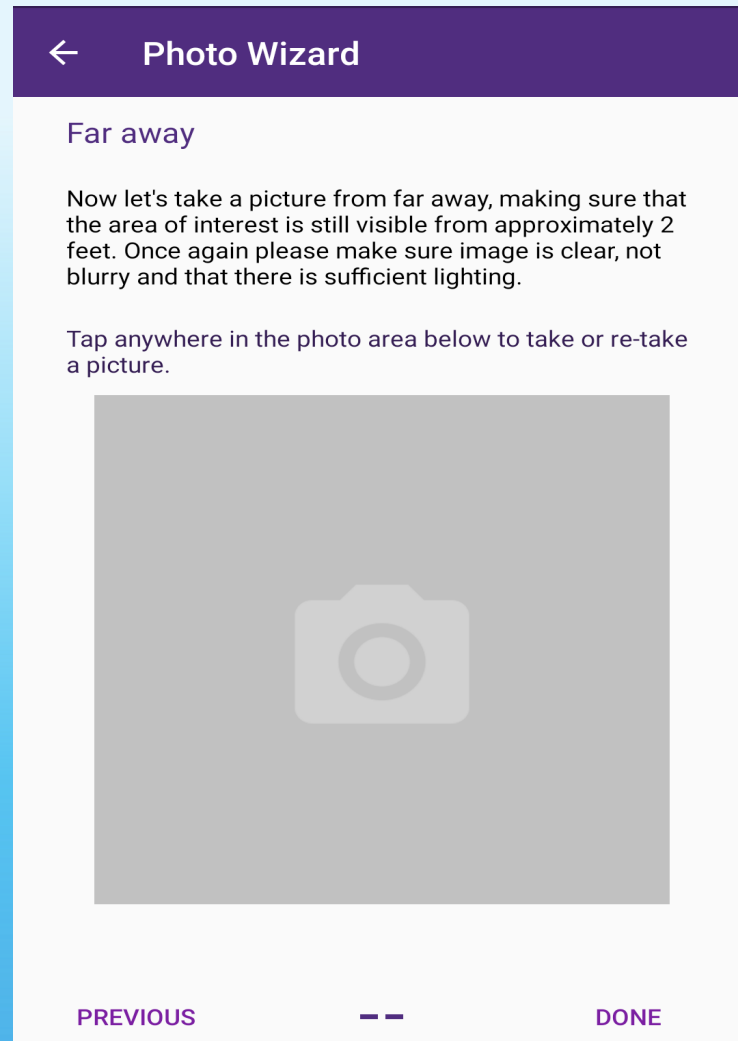


You will then be led to your camera to take a photo of the area:



After taking a 'Close Up' photo, you will be directed to take a photo from 'Far away'

Follow the same steps and take another photo:

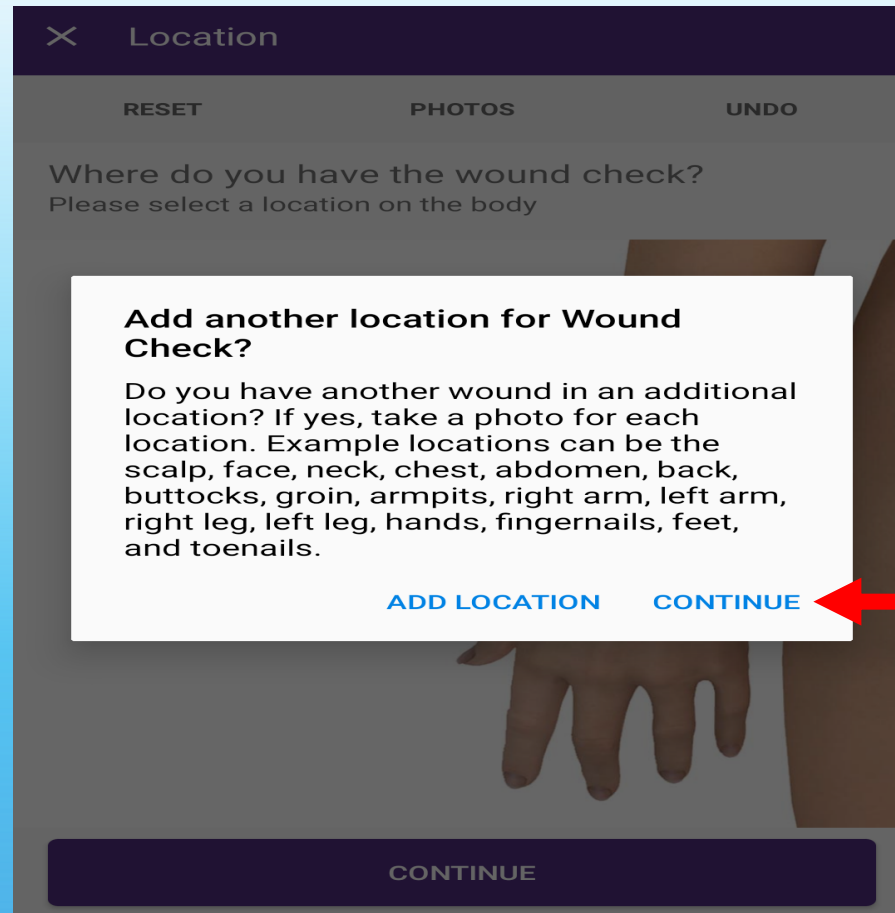


After taking the 'Far away' photo you will be taken back to the location screen

Once there, tap 'Continue':



After hitting 'Continue' you will have a pop-up:
If you have more than one area click 'ADD LOCATION' and take more photos
Once all photos taken hit 'CONTINUE'



You will then be prompted to answer a series of questions:


| | | | |
|---|---|--|--|
| <div><div>×</div>Questions</div> <div>Please answer the following questions</div> <div><div>What best describes your wound? (Check all that apply)</div><div><div>bleeding a little</div><div><input type="checkbox"/></div></div><div><div>bleeding a lot</div><div><input type="checkbox"/></div></div><div><div>burning</div><div><input type="checkbox"/></div></div><div><div>draining blood tinged fluid</div><div><input type="checkbox"/></div></div><div><div>draining clear fluid</div><div><input type="checkbox"/></div></div><div><div>draining yellow fluid</div><div><input type="checkbox"/></div></div><div><div>healing well</div><div><input type="checkbox"/></div></div><div><div>itchy</div><div><input type="checkbox"/></div></div></div> <div><div>PREVIOUS</div><div>-----</div><div>NEXT</div></div> | <div><div>×</div>Questions</div> <div>Please answer the following questions</div> <div><div>What symptoms are associated with your wound? (Check all that apply)</div><div><div>bruising</div><div><input type="checkbox"/></div></div><div><div>chills</div><div><input type="checkbox"/></div></div><div><div>fevers</div><div><input type="checkbox"/></div></div><div><div>no symptoms</div><div><input type="checkbox"/></div></div><div><div>red lines beyond the wound</div><div><input type="checkbox"/></div></div><div><div>swelling</div><div><input type="checkbox"/></div></div></div> <div><div>PREVIOUS</div><div>-----</div><div>NEXT</div></div> | <div><div>×</div>Questions</div> <div>Please answer the following questions</div> <div><div>What caused the wound?</div><div><div>a cyst drainage</div><div><input type="radio"/></div></div><div><div>a skin flap repair</div><div><input type="radio"/></div></div><div><div>a skin graft repair</div><div><input type="radio"/></div></div><div><div>a skin scraping</div><div><input type="radio"/></div></div><div><div>a surgery</div><div><input type="radio"/></div></div><div><div>a traumatic injury</div><div><input type="radio"/></div></div><div><div>an abscess drainage</div><div><input type="radio"/></div></div><div><div>an excision</div><div><input type="radio"/></div></div><div><div>Mohs surgery</div><div><input type="radio"/></div></div></div> <div><div>PREVIOUS</div><div>-----</div><div>NEXT</div></div> | <div><div>×</div>Questions</div> <div>Please answer the following questions</div> <div><div>Date of Procedure/Injury</div><div><div></div></div></div> <div><div>PREVIOUS</div><div>-----</div><div>NEXT</div></div> |
|---|---|--|--|

You will then be prompted to answer a series of questions:

| | | | |
|---|--|--|---|
| <div><div>×</div>Questions</div> <div>Please answer the following questions</div> <div><div>Compared to several days or weeks ago, how has the wound changed?</div><div><div>better</div><div>unchanged</div><div>worse</div></div></div> <div><div>PREVIOUS</div><div>NEXT</div></div> | <div><div>×</div>Questions</div> <div>Please answer the following questions</div> <div><div>What are you doing for your wound? (Check all that apply)</div><div><div>bacitracin</div><div>clean bandages</div><div>mupirocin</div><div>neosporin</div><div>no treatment</div><div>oral antibiotics</div></div></div> <div><div>PREVIOUS</div><div>NEXT</div></div> | <div><div>×</div>Questions</div> <div>Please answer the following questions</div> <div><div>Please CHECK ALL of the symptoms that you have currently.</div><div><div>anxiety</div><div>blurry vision</div><div>chills</div><div>cough</div><div>depressed mood</div><div>diarrhea</div><div>fever</div><div>headache</div></div></div> <div><div>PREVIOUS</div><div>NEXT</div></div> | <div><div>×</div>Questions</div> <div>Please answer the following questions</div> <div><div>Please CHECK ALL of the symptoms that you do NOT have.</div><div><div>no abdominal pain</div><div>no anxiety</div><div>no blurry vision</div><div>no chills</div><div>no cough</div><div>no depressed mood</div><div>no diarrhea</div><div>no fever</div></div></div> <div><div>PREVIOUS</div><div>NEXT</div></div> |
|---|--|--|---|

Then you will be asked for any additional comments you would like to add

Once complete hit 'NEXT':

 Questions

Please answer the following questions


Additional Comments (use complete sentences)

PREVIOUS

NEXT

You will then be asked to review your medical history, if everything is correct hit 'Yes'

If not, type in any updates that need to be made, once reviewed hit 'NEXT':

 Clipboard

Please review your history and add any missing information

Is this information up-to-date? ☒ No ☐ Yes

Please enter your updates here

MEDICATIONS

ALLERGIES

PROBLEM LIST

NEXT

You can then review everything you answered as well as the photos you took, if everything looks fine hit 'NEXT'

Review

DETAILS PHOTOS

Date of Procedure/Injury

Compared to several days or weeks ago, how has the wound changed?

What are you doing for your wound? (Check all that apply)

Please CHECK ALL of the symptoms that you have currently.

Please CHECK ALL of the symptoms that you do NOT have.

Additional Comments (use complete sentences)

CANCEL NEXT

Lastly, you will be asked to submit the case, after submission you just have to wait for us to get back to you 😊

Confirm Case

Submit Case

By pressing submit, you agree to submit this visit to your practice or provider.

Please note that your healthcare provider may charge for this Virtual Check-In. If so, that amount will be separately billed to you by the practice and you are responsible to them for payment in full.

SUBMIT