

Filling out forms for upcoming appointments on Mycareplan portal.

The following slides show how to set up an account for the first time. This can be done from a laptop, desktop, tablet, or phone.

| | | Activate your act | ount |
|--|---|--|-----------------|
| French B | road | Please set up Username a | nd Password |
| PEDIAT | RICS | Username | |
| Activate your acco | unt | This field should be valid and 6 char | acters minimum |
| ease confirm your home phone num ***-**55 | ıber ending in (***) | Password | |
| er your home phone number here | | The password is too short, it should characters | be minimum 8 |
| Please also confirm your dat | e of birth | Confirm password | |
| n/dd/yyyy | | Security question | |
| 1/2 | Next > | Security answer | |
| Haga clic aquí para esp | añol | I accept the Terms & Conditions | |
| | | (D _1) | |
| | ill in the home nhon | | |
| Fi | | e number | |
| Fi | ven to the practice a | ind the | |
| Fi | iven to the practice a atient's date of birth | nd the | |
| Fi gi pi | iven to the practice a atient's date of birth | ind the | |
| Fi gi p: C | iven to the practice a atient's date of birth hoose your own Use | number ind the rname, | |
| Fi gi pi C | iven to the practice a atient's date of birth hoose your own Use assword, and Securit | rname, | |
| Fi gi pi C Pi q | iven to the practice a atient's date of birth hoose your own Use assword, and Securit uestion with answer | rname, | |
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| Fi gi pi Cl Pi qi | iven to the practice a atient's date of birth hoose your own Use assword, and Securit uestion with answer | rname, y Emai | l you will rece |



First page you will see after logging into the mycareplan app

| French Broad | | |
|--------------|---|---|
| | Appointments | Sohn Templeton, MD |
| \checkmark | New Americanont | |
| \bigcirc | New Appointment | Fri, Jan 15 @ 10:15 am French Broad Pediatrics |
| | Friday, January 15 @ 10:15 am John Templeton, MD WELL CHILD CHECK | Cilck here to see your tasks |
| \$ | | Al North Merrimon Avenue |
| P | | Tel: 8283489232 Baked Pie Company |
| | You will need to click on "Prepare for your appoi | ntment" |
| | or | GOOGIC Map data 82021 Termá of Use Report a map error |
| | "Check in Now" | |
| | Either will take you to w need to be | vhere you |

You are now on the page that contains all the forms needed for your upcoming appointment.

Please go through the list on the left and complete everything. The list does not have to be followed in order, but they do appear in order of importance.

| Image: Trick of the second | |
|---|--|
| Image: Wight of the second | |
| | |
| Image: Provide the state of the state o | aire - Link ionnaire by clicking on |
| Sign Privacy Notice | |
| 12:00 pm Sign Release of Billing Information | |

Appointments will be rescheduled if forms are not complete prior to the appointment.

If this is an appointment for a well child visit and a developmental screening needs to be filled out, the link will take you to the starting page of the ASQ:

| | Strench Broad |
|--|---|
| French Broad Pediatrics 40 N Merrimon Ave Ste 117 Asheville, North Carolina 28804 | |
| Welcome to our ASQ Online screen | ing program! |
| Because your child's first 5 years of Ages & Stages Questionnaires, Thi month period. You will be asked to communication, gross motor, fine r | If are so important, we want to help you provide the best start for your child. You've been invited to participate in the d Edition (ASQ-3), to help you keep track of your child's development. The questionnaire may be provided every 2-, 4- or 6- answer questions about some things your child can and cannot do. The questionnaire includes questions about your child's notor, problem solving, and personal social skills. |
| Please enter your child's birth date enter into this website is secure an screening. | and the number of weeks he or she was born premature below to start the screening. Please note that the information you d cannot be seen or accessed by anyone other than the program employees who have invited you to participate in this |
| We look forward to your participati | on in ASQ-3! |
| Child Date of Birth Format: yyyy-mm-dd | |
| | |
| | |

Simply fill in the information asked for and go through the entire questionnaire.

| ASQ ^A Ages & Stages Questionnaires [®] |
|---|
| We look forward to your participation in ASQ-3! |
| Child Date of Birth Format: yyyy-mm-dd |
| Weeks Premature |
| (put "0" if not premature) |
| Screening Date |
| ○ I am screening my child today (2021-01-13) |
| \odot I screened my child and am entering in the responses to a previous screening |
| I have read the provided information about the Ages & Stages questionnaires, and I wish to have my child participate in the online screening program. I will fill out the questionnaire about my child's development and promptly submit the completed questionnaire through this Family Access online questionnaire completion system. |
| Note: By clicking "Submit", you are agreeing to both our <u>Family Access End User License Agreement</u> and any other consent or authorization information outlined on this page. |
| Submit |

Return to the Mycareplan app to finish the rest of the forms.