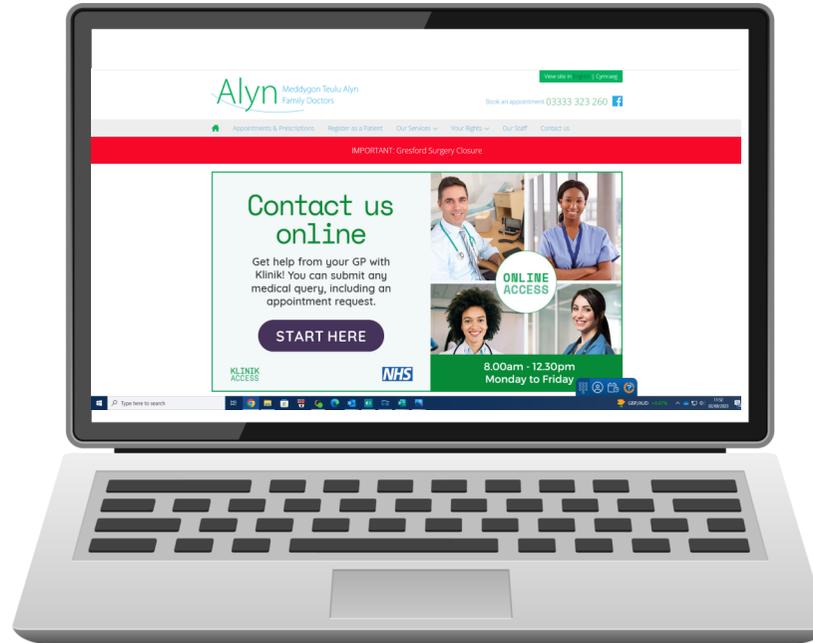


How to complete a Klink form for a New Health Problem on a desktop or laptop



Alyn Meddygon Teulu Alyn
Family Doctors

**KLINIK
ACCESS**

Completing a Klink form for a New Health Problem on Desktop

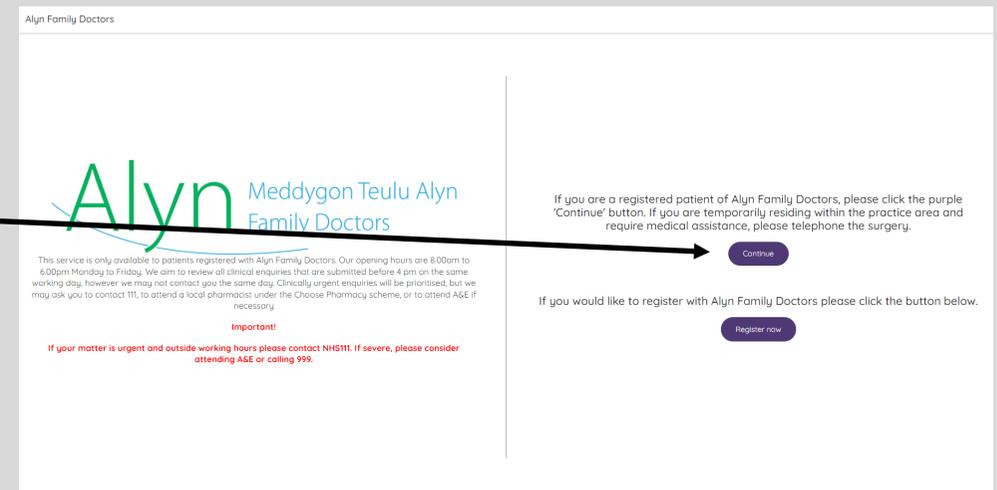
Step 1

- Visit www.alynfamilydoctors.co.uk
- Your screen will look like this
- Click on the Start Here button



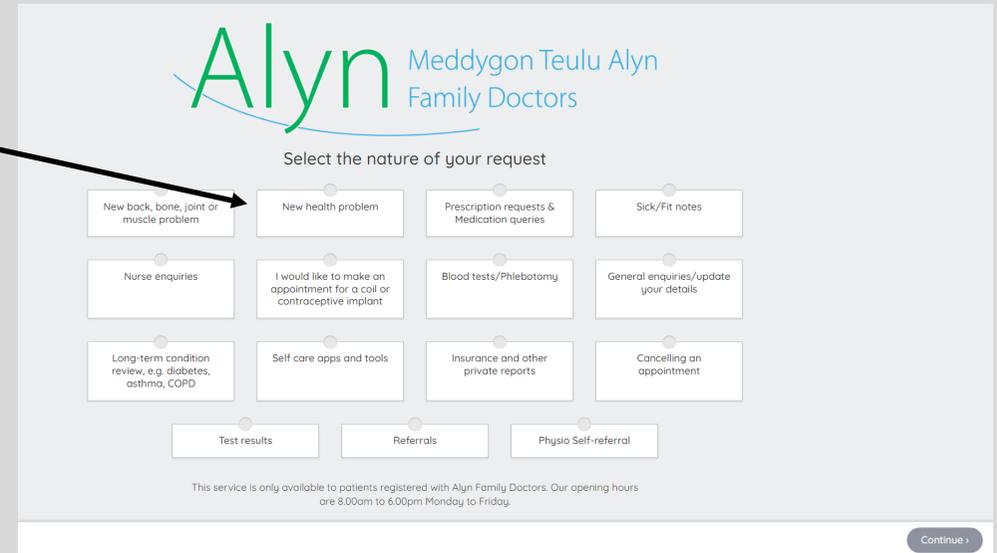
Step 2

- If you are a registered patient at Alyn Family doctors click continue

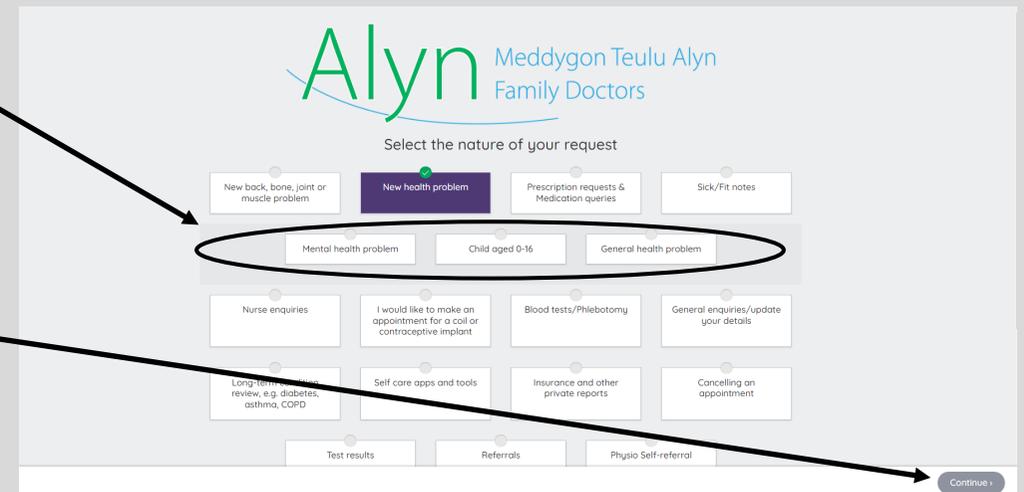


Step 3

- For a new health problem select the 'new health problem' tile



- The tile will highlight purple and 3 new options will appear below.
- Select the appropriate option from mental health, Child aged 0-16 or general health problem
- Your selected option will highlight
- Click continue



Step 4

- Click on the body to select the affected area you are enquiring about
- If your enquiry is not concerning a specific area select 'no specific location' from the drop down list
- Input the duration of your symptoms, you can select days, weeks or months in the dropdown menu
- Select your gender at birth
- Input your age
- When all selections have been made the continue button will turn purple, click to go to next page

Allyn Family Doctors

Touch the body map at the location of your main symptom

No specific location

Duration of symptoms (from condition onset)

Sex registered at birth (This online triage depends on knowing your registered sex at birth, not your gender identity. If you are doing this for someone else, tell us their sex at birth if you know. We need to know this information so we can ask relevant clinical questions.)

Age

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Previous Continue

Step 5

- Select all symptoms that apply to your current medical issue
- Some symptoms will have a drop down section with further options, please select as applicable
- If the continue button has not turned purple this may mean that all additional symptoms have not been selected, remember to scroll down to view all symptoms
- Once all relevant selections are made click continue
- You be sent to another page o select further symptoms before step 6

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Select your primary symptoms (from condition onset)

Symptoms in the selected location

Bite or sting Bleeding

Select at least one of the following:

Nosebleed Bleeding of the gums Spotting Vaginal bleeding

Unspecified

DONE

Blue lips Bruise(s) Changed behaviour Changes in periods

Close contact with a coronavirus infected person Concentration difficulty

Contact with allergy trigger Cough Depression or anxiety

Difficulty breathing or shortness of breath Difficulty speaking Dizziness

Dry mouth Hallucinations Injury or burn Itching

Loss or change to sense of smell or taste Lump(s) Memory problem

Mole Muscle ache Muscle cramps Muscle twitching

Muscle weakness Nausea Numbness Pain

Previous Continue

Step 6

- Complete each section by typing any relevant details relating to the symptom
- Once Continue button is purple click the button for next step

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Describe your symptoms in more detail

Pain:
Describe your symptom with more detail. When did it begin? How and in what situation did it manifest? Has the symptom changed since it began? If so, how?
0 / 2000

Dry mouth:
Describe your symptom with more detail. When did it begin? How and in what situation did it manifest? Has the symptom changed since it began? If so, how?
0 / 2000

Warmth:
Describe your symptom with more detail. When did it begin? How and in what situation did it manifest? Has the symptom changed since it began? If so, how?
0 / 2000

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Step 7

- Click yes or no to answer each question
- Click continue

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Previous treatment

Have you used any medication or other treatment for your ailment?
 Yes No

Have clinical staff already seen you or treated this health problem?
 Yes No

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Subject
New health problem (General health problem)

Body part
No specific location

Sex registered at birth (This online triage depends on knowing your registered sex at birth, not your gender identity. If you are doing this for someone else, tell us their sex at birth if you know. We need to know this information so we can ask relevant clinical questions.)
Female

Age
32 Years

Duration of symptoms (from condition onset)
4 Days

Symptoms
Pain
Dry mouth
Warmth

[Previous](#) ● ● ● ● ● 6 ● ● ● [Continue](#)

Step 8

- To complete this section please type any concerns, expectations or any further information in the box provided
- Click continue for next page

Align Family Doctors

Concerns and expectations

Do you have any specific worries or concerns you would like the practice to be aware of? What are your needs and expectations as a result of your enquiry?

Please state any specific worries or concerns you would like the practice to be aware of and your needs and expectations as a result of your enquiry.

0 / 2000

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KLINIK ACCESS

Subject
New health problem (General health problem)

Body part
No specific location

Sex registered at birth (This online triage depends on knowing your registered sex at birth, not your gender identity. If you are doing this for someone else, tell us their sex at birth if you know. We need to know this information so we can ask relevant clinical questions.)
Female

Age
32 Years

Duration of symptoms (from condition onset)
4 Days

Symptoms
Pain
Dry mouth
Warmth

« Previous 7 Continue »

Step 9

- Use the calendar to select any dates and times you are unavailable for a doctor to contact you
- Alternatively free text any dates into the box provided
- Click continue for next page

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Times NOT suitable for you

A member of our team may wish to call you about your query. Please let us know when you will be unavailable for our team to call within the next 30 days. Please note we may not be able to accommodate your request.

1. Choose dates

2. Select the times when you would not be available for us to call you to deal with your query or attend an appointment.

July 2023

MON	TUE	WED	THU	FRI	SAT	SUN
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
1	2	3	4	5	6	7

Alternatively you can write which times don't suit you.

0 / 2000

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KLINIK ACCESS

Subject
New health problem (General health problem)

Body part
No specific location

Sex registered at birth (This online triage depends on knowing your registered sex at birth, not your gender identity. If you are doing this for someone else, tell us their sex at birth if you know. We need to know this information so we can ask relevant clinical questions.)
Female

Age
32 Years

Duration of symptoms (from condition onset)
4 Days

Symptoms
Pain
Dry mouth
Warmth

« Previous 8 Continue »

Step 10

- Complete all personal details
- Select if you require an interpreter from the drop down menu
- Select how you would like to be contacted
- Once all sections are complete this Submit button will turn purple. **Click Submit.**
- Your Klinik form will now be triaged by a Doctor and they will determine the urgency of your symptoms.
- A patient advisor will contact you via telephone or text message with details of your appointment or any further information required.

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Fill in your personal information

Tick here if you're filling the form on behalf of another person OR you're a care home worker

Patient's details

First full name * Last name * Date of Birth * DD MM YYYY

Mobile Phone Number * Street address * Postal Code *

GB (+44) Example: 07817 000000 shall be entered (+44) 7817 000000

Email Landline number (if preferred contact method)

Do you require an interpreter? * Select one

Please contact me:

SMS

Telephone

Subject
New health problem (General health problem)

Body part
No specific location

Sex registered at birth (This online triage depends on knowing your registered sex at birth, not your gender identity. If you are doing this for someone else, tell us their sex at birth if you know. We need to know this information so we can ask relevant clinical questions.)
Female

Age
52 Years

Duration of symptoms (from condition onset)
4 Days

Symptoms
Pain
Dry mouth
Warmth

Unsuitable times