How to complete a Klink form for a New Health Problem on a mobile device



Alyn Meddygon Teulu Alyn Family Doctors



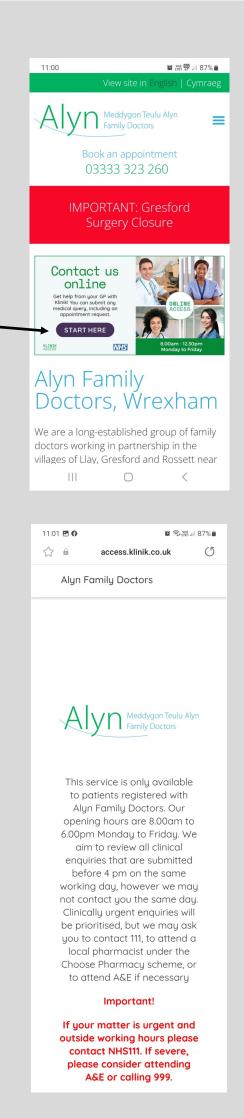
How to complete a Klink form for a New Health Problem on a mobile device

<u>Step 1</u>

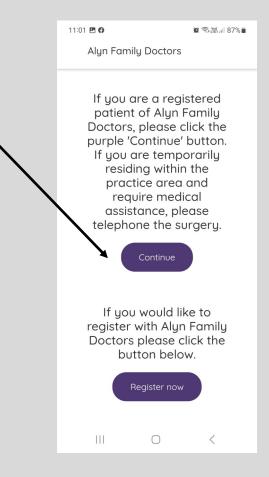
- Visit www.alynfamilydoctors.co.uk
- Your screen will look like this
- Click on the Start Here button -

<u>Step 2</u>

- You will be brought to the next screen
- Scroll down to the bottom of the page.

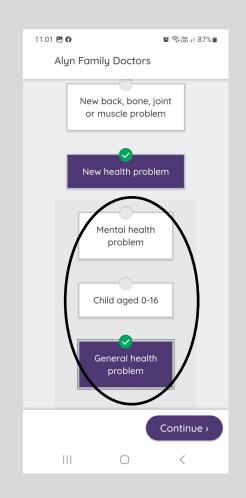


 If you are a registered patient at Alyn Family doctors click continue



<u>Step 3</u>

- 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 purple
- Click continue



		11:01 🖻	🗑 🗟 🖓 🖓 👷
<u>Step 4</u>		Alyn Family Doctors	
af	lick on the body to select the ffected area you are enquiring bout	 Touch the body ma location of your ma symptom	
а	your enquiry is not concerning specific area select 'no specific ocation' from the drop down list	ВАСК	
sy w	nput the duration of your ymptoms, you can select days, veeks or months in the ropdown menu		
• So	croll down		U
		Duration of symptoms condition onset) Days ~ Sex registered at birth online triage depends knowing your register birth, not your gender you are doing this for else, tell us their sex of (Previous	n (This on red sex at r identity. If someone
• Se	elect your gender at birth	Alyn Family Doctors	
• In	nput your age	else, tell us their sex o you know. We need to information so we can	o know this n ask
m tu	Vhen all selections have been nade the continue button will urn purple, click to go to next hage	relevant clinical quest Female ~ Age 32 Years ~ © 2023 Klinik Healthcare Solution Terms of use Privacy notices statement KLINIK ACCESS	ons UK Ltd

<u>Step 5</u>

 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 to select further symptoms before step 6

11:03 🖻 🖗 🦉 🏙 🕯 🕲
Alyn Family Doctors
Select your primary symptoms
(from condition onset)
Symptoms in the selected location
100011011
Bite or sting v
Bleeding V Blue lips
Bruise(s) v
Changed behaviour
Changes in periods v
Close contact with a coronavirus
Concentration difficultur
(< Previous) Continue >
11:03 🗷 🖗 🌘 👔 🕤 📷 🖬 86% 🔒
Alyn Family Doctors
Contact with allergy trigger
Cough V 💙
Select at least one of the following:
Phlegm
Prolonged cough
Coughing up blood
Coughing at night
Unspecified <
DONE
(Previous) Continue >

<u>Step 6</u>

- Complete each section by typing any relevant details relating to the symptom
- Once the sections are complete click continue

<u>Step 7</u>

- Click yes or no to answer each
 question
- If you select Yes a free text box will appear. Please complete with further details.
- Click continue

11:03 🖻 🚱 👔 🖓 🛄 86% 💼
Alyn Family Doctors
Describe your symptoms in more detail
more detail
Cough:
Describe your symptom with more
detail: When did it begin? How and
in what situation did it manifest? Has the symptom changed since it
0 / 2000
© 2023 Klinik Healthcare Solutions UK Ltd
<u>Terms of use</u> <u>Privacy notice</u> <u>Accessibility</u> statement
Statement
KLINIK
ACCESS
(Previous) Continue >
11:03 🖻 🖗 👔 🕲 👔 🕅 🖉
Alyn Family Doctors
Previous treatment
Previous treatment Have you used any medication or other treatment for your ailment?
Have you used any medication or other treatment for your ailment?
Have you used any medication or
Have you used any medication or other treatment for your ailment?
Have you used any medication or other treatment for your ailment? Yes No Have clinical staff already seen
Have you used any medication or other treatment for your ailment? Yes No
Have you used any medication or other treatment for your ailment? Yes No Have clinical staff already seen you or treated this health
Have you used any medication or other treatment for your ailment? Yes No Have clinical staff already seen you or treated this health
Have you used any medication or other treatment for your ailment? Yes No Have clinical staff already seen you or treated this health problem?
Have you used any medication or other treatment for your ailment? Yes No Have clinical staff already seen you or treated this health problem?
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
Have you used any medication or other treatment for your ailment?
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
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 Yes No O 2023 Klinik Healthcare Solutions UK Ltd <u>Terms of use Privacy notice Accessibility</u>
Have you used any medication or other treatment for your ailment?
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 Solutions UK Ltd Terms of use Privacy notice Accessibility
Have you used any medication or other treatment for your ailment?
Have you used any medication or other treatment for your ailment?
Have you used any medication or other treatment for your ailment?
Have you used any medication or other treatment for your ailment?

<u>Step 8</u>

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

<u>Step 9</u>

- 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

Alyn 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				
0 / 2000				
© 2023 Klinik Healthcare Solutions UK Ltd <u>Terms of use</u> <u>Privacy notice</u> <u>Accessibility</u> <u>statement</u>				
KLINIK				
<pre></pre>				
11:04 🖻 🖗 🔯 🕅 🕅 🕅 🕅				
Alyn Family Doctors				
Times NOT suitable for you A member of our team may wish to				
call you about your query. Please let				

🗑 🗟 🖓 III 11 86% 🛢

11:04 🖪 🕜

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.

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

(Previous	Continue >

	11:04 🖪	🕱 🗟 🕅 11 86% 🛢
	Alyn Family Doctors	5
all personal details	Fill in your personal information	l
ou require an r from the drop down	Tick here if you're filli on behalf of another per you're a care home worl	rson OR
	Patient's details	
	First full name *	
	Last name *	
	Date of Birth *	
	DD ~ MM ~ YYYY ~	
	Mobile Phone Number *	
	GB (+44) ~	
	Example 07817 000000 s	shall be
	entered [+44] 7817 0000	00
	Street address *	
	(Previous	Submit >
way wayld like to be		
v you would like to be	11:05 🖪 🚱	🕱 🧙 🖓 .III 86% 💼
	Alyn Family Doctors	5
ections are complete	Please contact me:	
it button will turn	SMS	
ick Submit.	Telephone	
form will now be	By pressing "Submit" the to Alyn Family Doctors.	
a Doctor and they will	review all routine querie submitted before 4 pm o	s that are
	working day, however w	ve may not
the urgency of your	contact you the same de submitted after 4 pm, or	r outside
	working hours, will be re next working day.	viewed the
advisor will contact you	Your request will be asse	essed by a
one or text message	member of our team. The in a receptionist calling t	nis may result
ls of your appointment	arrange an appointmen	it, or the GP
ther information	may call you to attempt your medical issue. If ne	
	face to face appointmen arranged after this call.	
	(Previous	Submit >

111

 \bigcirc

<

Step	10

- Complete •
- Select if yo • interpreter menu

- Select how • contacted
- Once all se • this Submi purple. Cli
- Your Klinik • triaged by determine symptoms.
- A patient a • via telepho with detail or any furt required.