Step 1: Login to the MyChart application on your smartphone or tablet.

Step 2: Select ‘Menu.’

Step 3: Under the Find Care section select E-Visit.

Updated 07/02/2021 by Karmen Brown, Virtual Health
Read the ‘Overview’ tab and click ‘Continue.’

Select the country and state that you are currently in at the time of this visit, then press ‘confirm.’
On the ‘Reason for E-Visit’ tab select your reason for the E-Visit and the provider you would like your E-Visit sent to. Then, click Continue.

Step 6

A confirmation page will appear, click on ‘Confirm and proceed.’ Note: If you do not want to proceed press ‘Cancel.’
**Step 8**
Enter or confirm your personal information. Make sure there is a check mark in the box next to correct, if there is not a check mark click the box to check it. Then, click ‘Next.’

**Step 9**
Enter or confirm your insurance information. Fill out all questions with an asterisk. Make sure there is a check mark in the box next to correct, if there is not a check mark click the box to check it. Then, click ‘Next.’
Under ‘Sign Documents’ click ‘Review And Sign,’ once all documents are signed click ‘Next.’
**Step 11** Enter or remove medications from your current medication list to reflect what you are currently taking. Select your pharmacy or add a pharmacy. Make sure there is a check mark in the box next to correct, if there is not a check mark, click the box to check it. Then, click ‘Next.’

CURRENT MEDICATIONS
Please review your medications and verify that the list is up to date. **Call 911 if you have an emergency.**

- glucose blood VI test strips strip
  - Learn more
  - Use as needed. Follow instructions on package.

- ibuprofen 100 MG chewable tablet
  - Commonly known as: MOTRIN CHILDREN
  - Learn more
  - Take 1 tablet (100 mg total) by mouth every 8 hours as needed for fever.
  - You have another medication with the same name.

- Fluticasone-Salmeterol 100-50 MCG/DOS inhaler
  - Commonly known as: ADVAIR DISKUS
  - Learn more
  - Inhale 1 puff into the lungs 2 times daily.

MEDICATIONS YOU ASKED TO BE ADDED
Medications will not be added until your provider reviews them in a future visit.

PROZAC (FLUoxetine HCI) 40 MG Caps
- [Learn more](#)
- Started taking on April 1, 2021
- Comments: 1 tablet a day

* You must select a pharmacy for this E-Visit.

MODEL OUTPATIENT PHARMACY
1979 Milky Way Verona WI 53593

Add a pharmacy

NEXT

BACK

FINISH LATER

Updated 07/02/2021 by Karmen Brown, Virtual Health
Confirm your allergies, if you need to make changes on a particular allergy, click on that allergy and complete the information. If you need to add an allergy, click ‘+Add an allergy.’ Make sure there is a check mark in the box next to correct, if there is not a check mark, click the box to check it. Then, click ‘Next.’
Confirm your past medical history on the ‘Health Issues’ page. If you need to update a health issue click on it and complete the questions. If you need to add a health issue, click ‘+ Add a health issue.’ Make sure there is a check mark in the box next to correct, if there is not a check mark, click the box to check it. Then, click ‘Next.’

Updated 07/02/2021 by Karmen Brown, Virtual Health
Complete the E-Visit questionnaire related to your symptom. Then, press ‘Continue.’

For your E-Visit with Sparrow Provider
*Have you had any of the following?
Select all that apply.
- Tightness of throat or difficulty breathing
- Swelling of face, tongue, or lips
- Difficulty swallowing
- Confusion or dizziness
- Severe head or neck pain
- Fever
- None of the above

*What side of the body is the rash on?
- Left
- Right
- Both sides

*Where is the rash located?
Select all that apply.
- Head
- Neck
- Chest
- Back

If available, please upload a photo of the rash.

Is there any additional information regarding your current medical concern that you would like to add?

Are you pregnant?
- I am pregnant
- I am confident that I am not pregnant
- I think I may be pregnant

Continue

Back Cancel
Step 15

Confirm your answers from the E-Visit questionnaire. If you need to change an answer click on the pencil next to the

**E-Visit: Rash**

For your E-Visit with Sparrow Provider

Please review your responses. To finish, click Submit. Or, click any question to modify an answer.

Have you had any of the following?

- None of the above

What side of the body is the rash on?

- Right

Where is the rash located?

- Arms/Hands

How long has the rash been there?

- Just today

How has the rash changed?

- I am not sure

Does the rash have any of the following?

- None of the above

Is there any of the following?

- None of the above

Does the rash have an odor?

- No

Has there been any contact or exposure to any of the following?

- None of the above

Is the rash associated with any recent travel?

- No

Have you had this rash before?

- No

Have you had any recent surgery or trauma to this area of the skin?

- No

Have you treated this rash yet?

- No

If available, please upload a photo of the rash.

- Is there any additional information regarding your current medical concern that you would like to add?

- Are you pregnant?

**SUBMIT**

**BACK**

**CANCEL**

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Updated 07/02/2021 by Karmen Brown, Virtual Health
You are finished! If you submit your request before noon, you can expect a response on the same business day. If you submit your request after noon, you can expect a response by the end of the next business day.