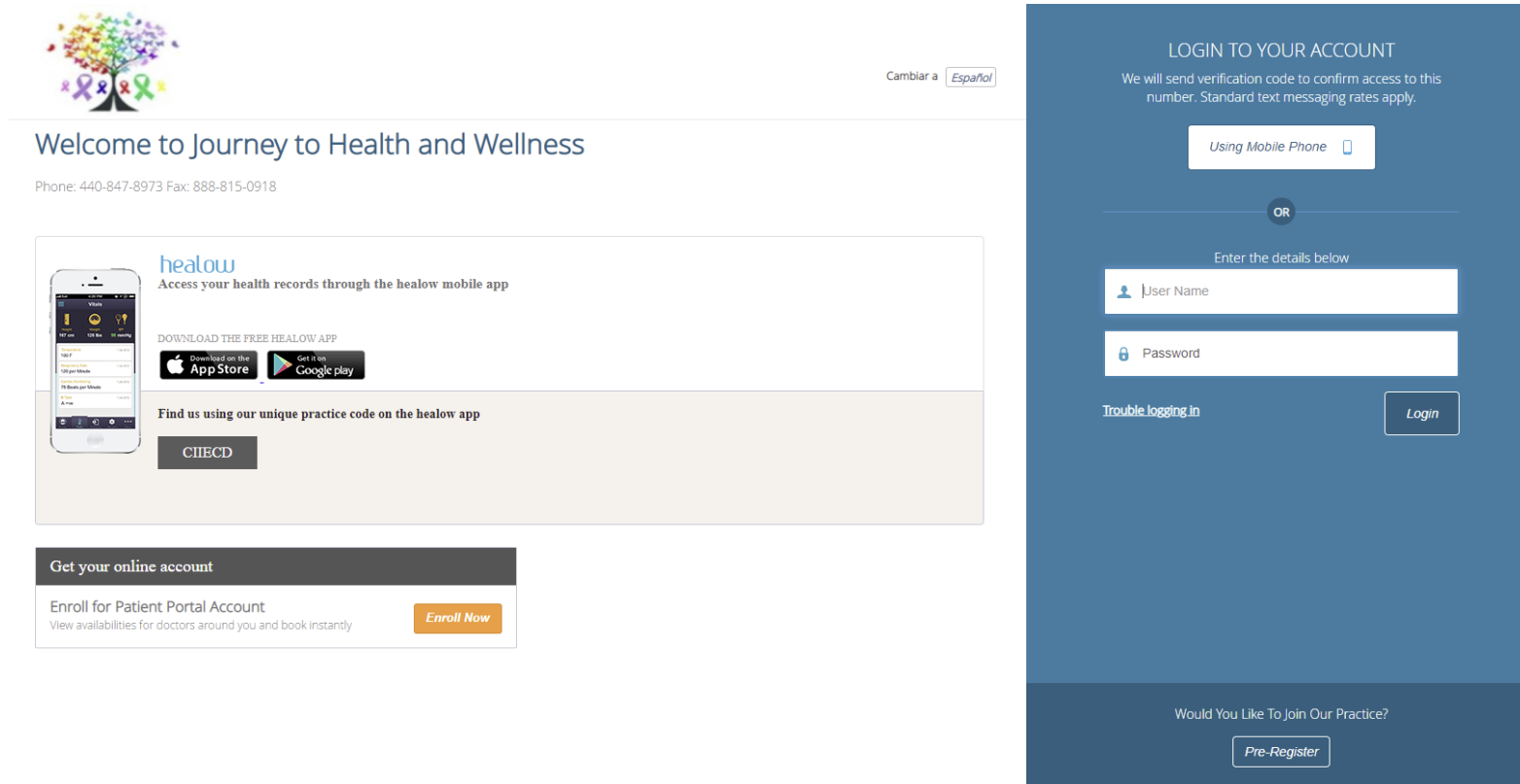


Once you have clicked the button for Patient Portal this page appeared.



The screenshot shows the Patient Portal login page. At the top left is a logo of a tree with colorful leaves and a ribbon. To the right is a language selector: "Cambiar a Español". Below the logo is the heading "Welcome to Journey to Health and Wellness" and the phone number "Phone: 440-847-8973 Fax: 888-815-0918".

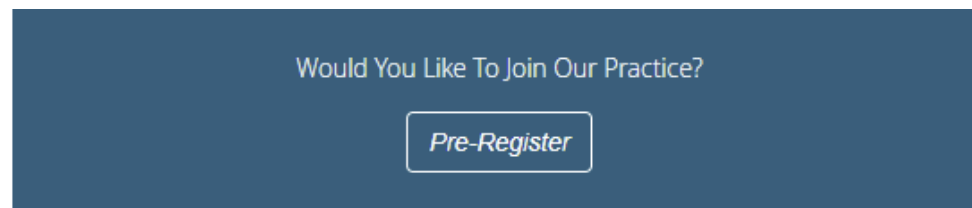
The main content area is divided into two sections. The top section is for the "healow" mobile app, featuring a smartphone image, the text "Access your health records through the healow mobile app", and buttons for "Download on the App Store" and "Get it on Google play". Below this is a "Find us using our unique practice code on the healow app" section with a "CIIECD" button.

The bottom section is titled "Get your online account" and contains the text "Enroll for Patient Portal Account" with a sub-link "View availabilities for doctors around you and book instantly" and an "Enroll Now" button.

On the right side of the page is a dark blue sidebar for account login. It is titled "LOGIN TO YOUR ACCOUNT" and includes the text "We will send verification code to confirm access to this number. Standard text messaging rates apply." Below this is a "Using Mobile Phone" button with a mobile icon. A horizontal line with "OR" in the center separates this from the "Enter the details below" section, which contains "User Name" and "Password" input fields. A "Login" button is at the bottom right of this section, and a "Trouble logging in" link is to its left.

At the bottom of the sidebar, the text "Would You Like To Join Our Practice?" is displayed above a "Pre-Register" button.

On the bottom right please click Pre-Register



This block is a close-up of the "Pre-Register" button. It features the text "Would You Like To Join Our Practice?" centered above a white button with the text "Pre-Register" in a dark blue font.

This page will open please complete steps 1-4 then hit submit



PATIENT DEMOGRAPHIC INFORMATION

Please Complete This Entire Form.



Login

1

Personal Details

2

Emergency Contact

3

Employer

4

Authenticate

Important : This is for new and prospective patients to enroll in our practice. Please do not fill the pre-registration if you are already a patient in our practice. If you need access to the web-portal or if you are having trouble logging in, please contact the practice.

PATIENT INFORMATION

All '*' marked fields are mandatory.

*First Name

Middle Initial

*Last Name

*Email

*Marital Status ▼

*Date Of Birth

*Sex ▼

*Address 1

Address 2

*City

*State ▼ *Zip

*Home Phone

Work Phone

*Cell Phone

Next