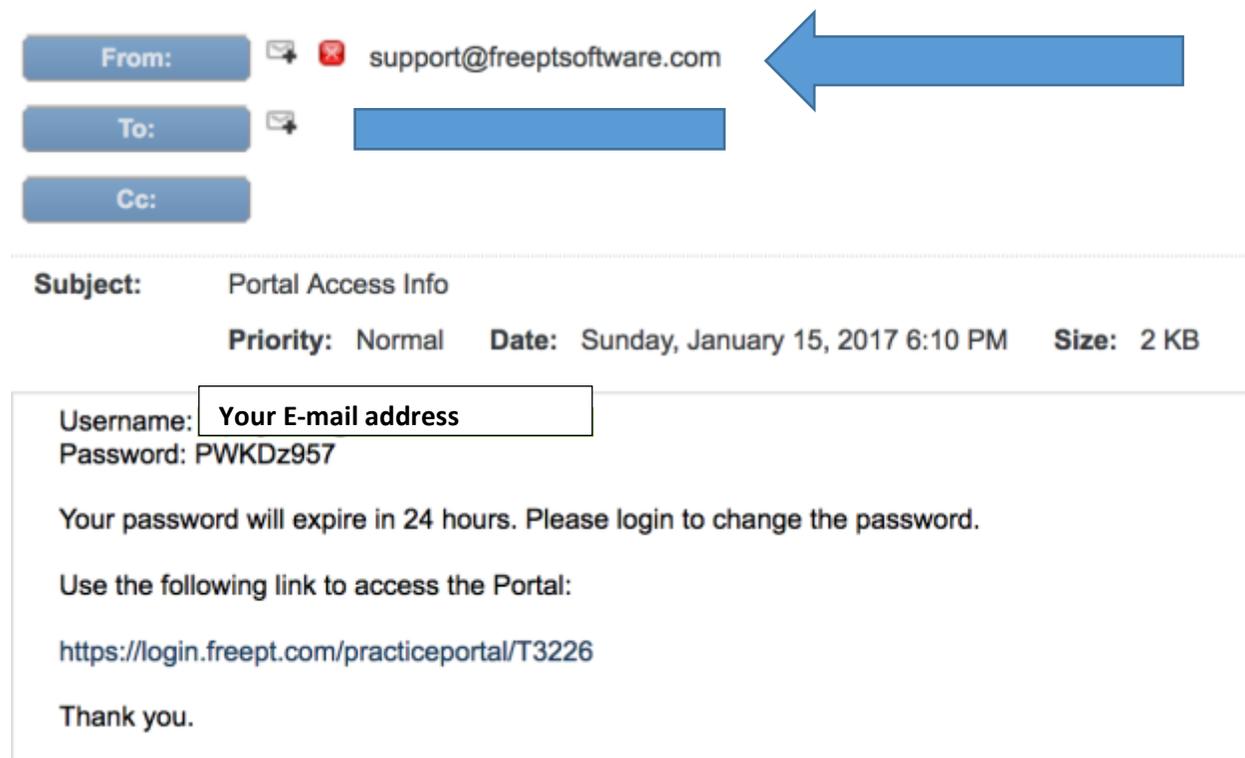


To Fill out your Medical History before your appointment:

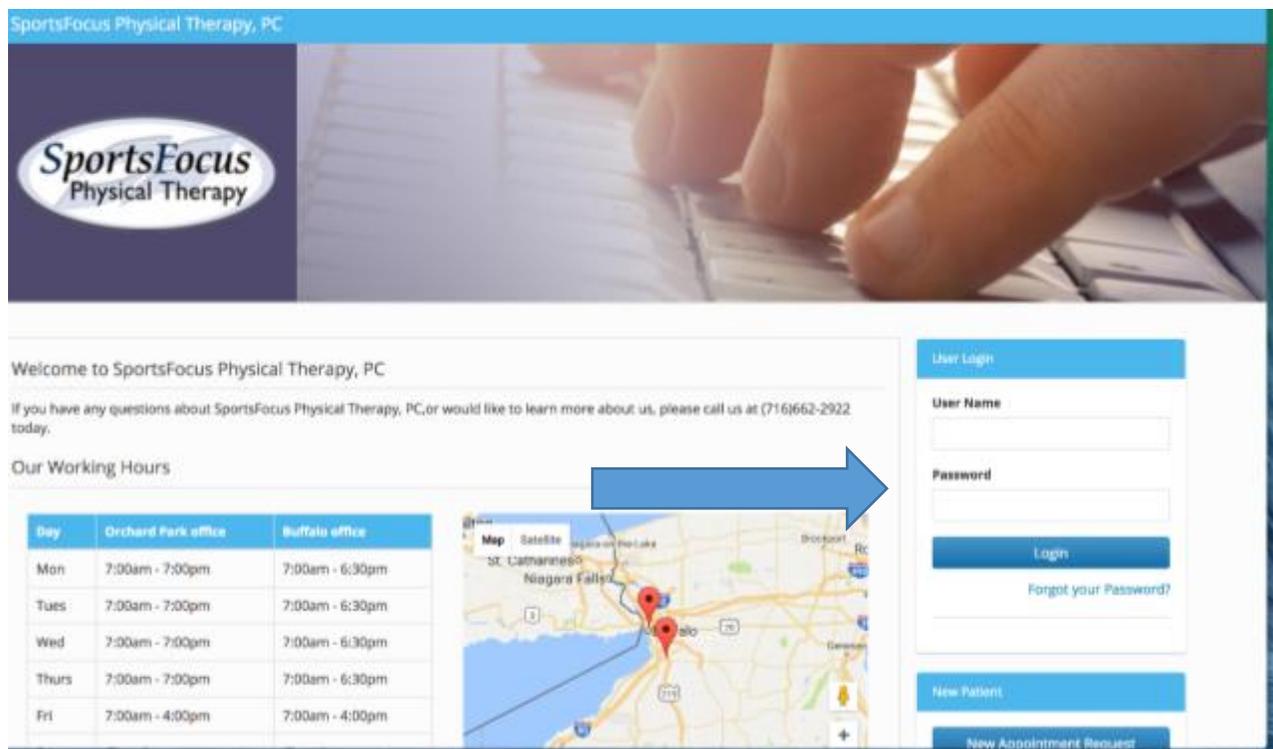
Patient Portal Instructions

After making an appointment with the office staff by phone, an email will be sent from support@freptsoftware.com with a message of **Portal Access Info**. The temporary password you are given in the email will expire in approximately 24 hours from making the appointment. Make sure you log in and change your password soon after making your appointment. In the email, it will give you a link to click on to access the Patient Portal.



If your password has expired, put in your username and click on *Forgot My Password* and you will be emailed a new one.

Once you get to the Login page, you can enter your Username (which is your email address) and your temporary password.



SportsFocus Physical Therapy, PC

Welcome to SportsFocus Physical Therapy, PC

If you have any questions about SportsFocus Physical Therapy, PC, or would like to learn more about us, please call us at (716)662-2922 today.

Our Working Hours

Day	Orchard Park office	Buffalo office
Mon	7:00am - 7:00pm	7:00am - 6:30pm
Tues	7:00am - 7:00pm	7:00am - 6:30pm
Wed	7:00am - 7:00pm	7:00am - 6:30pm
Thurs	7:00am - 7:00pm	7:00am - 6:30pm
Fri	7:00am - 4:00pm	7:00am - 4:00pm

User Login

User Name

Password

Login

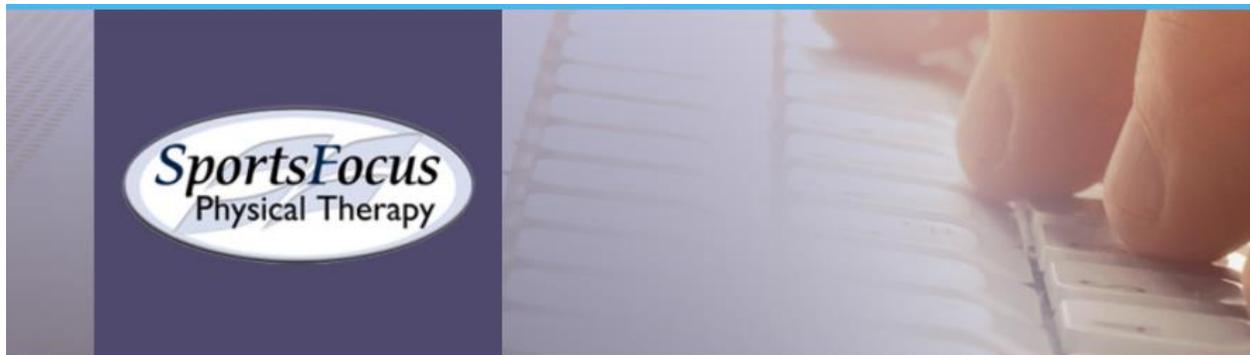
[Forgot your Password?](#)

[New Patient](#)

[New Appointment Request](#)

The next screen will be a Health Information Privacy Practices that you can read, and click on **I Accept** at the bottom of the page. It will alert you that the document was signed successfully. Then Click to Continue.

The next screen will ask you to change your password. You want to save this password so you can use the portal at a later date. Your password must contain at least 5 alphabets and 3 numbers.



To secure and safeguard your information, and for security reasons, we require you to change your password because:

1. You are logging to the system for the first time.
2. You are logging in after a Password reset by the System Administrator.
3. Your assigned Password Life has expired.

Password Details

Your password must contain atleast 5 alphabets and 3 numbers

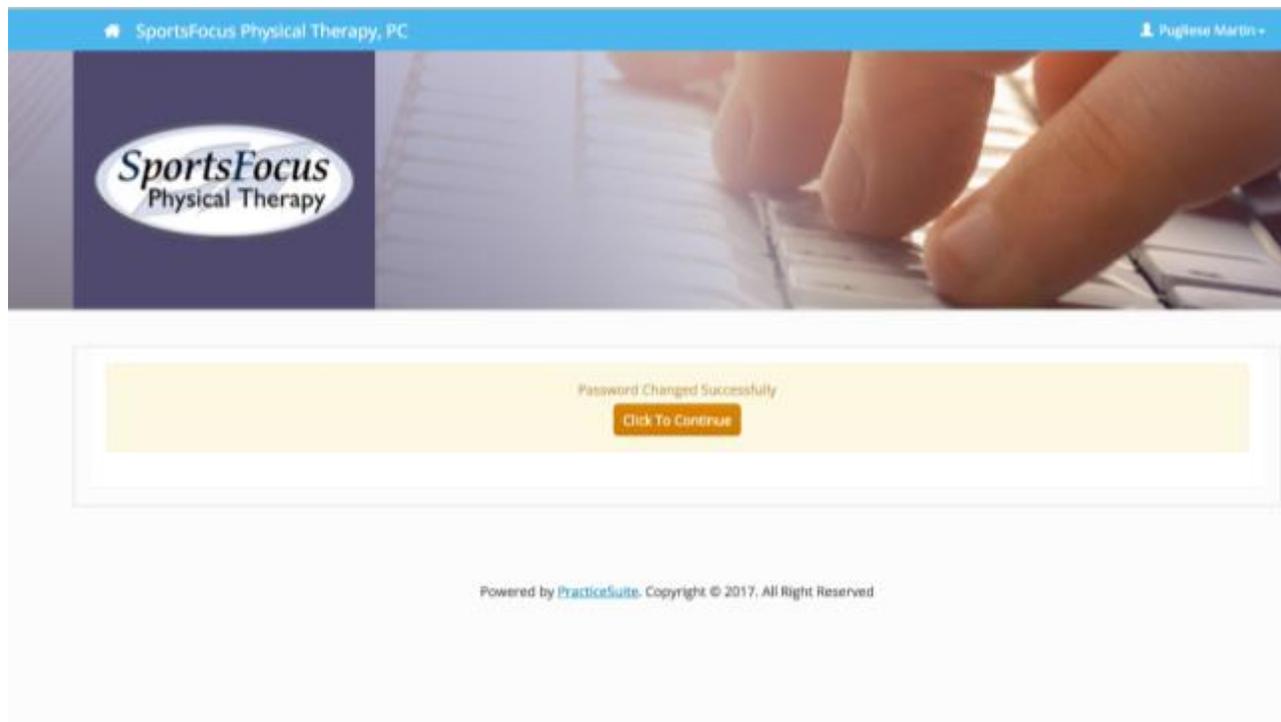
Old Password:*

New Password:*

Confirm New Password:*

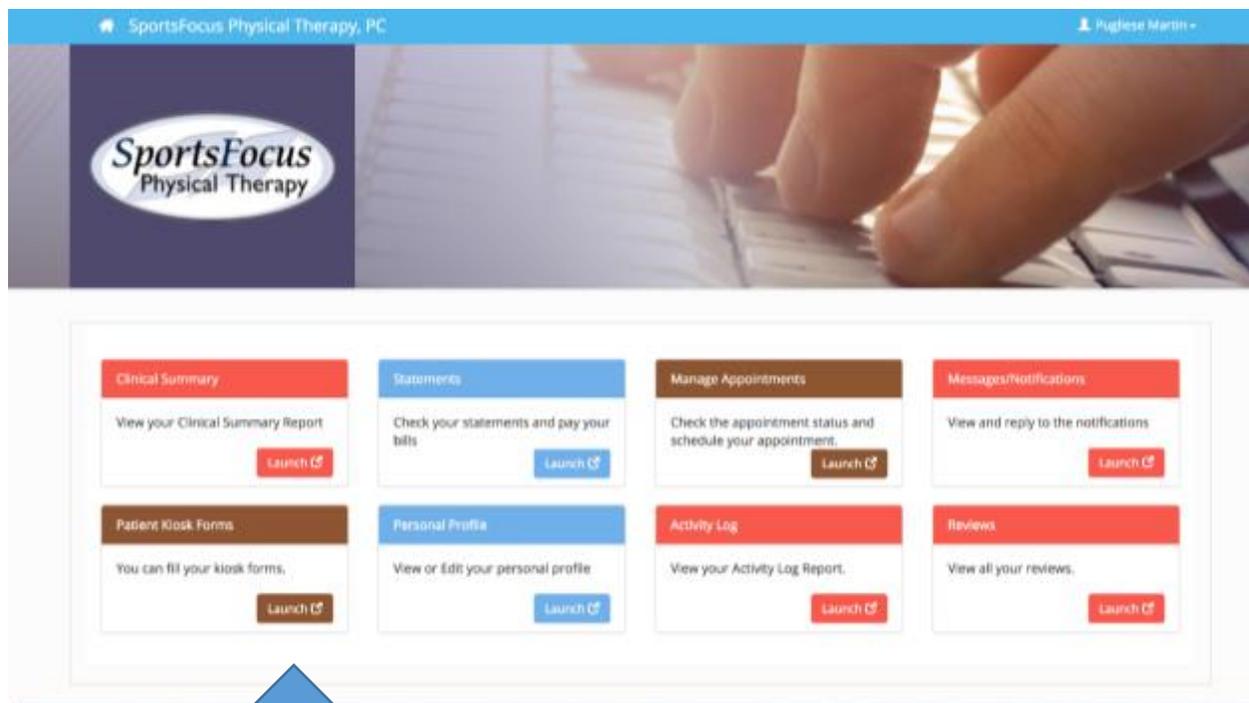


Once you have successfully changed your password, you will get this screen as confirmation.

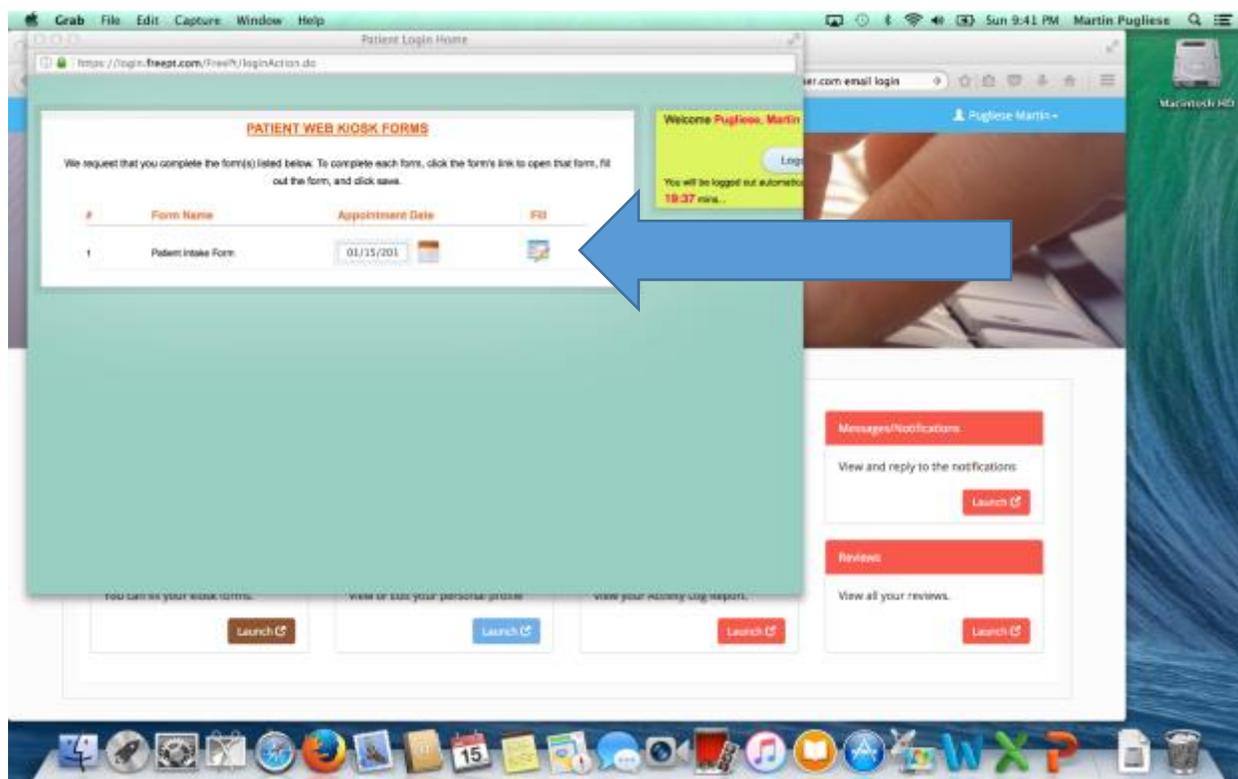


Once you **Click to Continue**, it will bring you to the following screen.

Click on the Launch button in the **Patient Kiosk Forms Box** that is brown in color and located at the bottom left hand side of the screen.



You will click on the Blue paper and pencil icon to fill out the **Patient Intake Form**.



The form is designed with the question or information needed on the left side of the screen and a list of answers to the right. You can select all the answers that are appropriate for you for each question. Once you select an answer, it will add the selected option to a box at the bottom of the right hand side column. If the option is not present, you can type in any additional information into the box. The program allows 20 min between each selection before automatically logging out of the system.

Patient Intake Form

Medical Screening Questions

Current problems:

<input type="checkbox"/> abdominal pain	<input type="checkbox"/> anxiety	<input type="checkbox"/> bowel problems
<input type="checkbox"/> chest pain	<input type="checkbox"/> coordination problems	<input type="checkbox"/> cough that is chronic
<input type="checkbox"/> difficulty or changes in swallowing	<input type="checkbox"/> difficulty sleeping	<input type="checkbox"/> difficulty walking
<input type="checkbox"/> dizziness or blackouts	<input type="checkbox"/> excessive thirst	<input type="checkbox"/> fainting spells
<input type="checkbox"/> feeling downhearted or blue	<input type="checkbox"/> fevers/chills/sweats	<input type="checkbox"/> foot pain/discoloration
<input type="checkbox"/> frequent heartburn or indigestion	<input type="checkbox"/> frequent or severe headaches	<input type="checkbox"/> hearing problems
<input type="checkbox"/> heart palpitations	<input type="checkbox"/> hoarseness or changes in speech	<input type="checkbox"/> insomnia
<input type="checkbox"/> loss of appetite	<input type="checkbox"/> loss of balance or falling	<input type="checkbox"/> loss of pleasure in things usually enjoyed
<input type="checkbox"/> nausea or vomiting	<input type="checkbox"/> numbness or changes in sensation	<input type="checkbox"/> pain at night
<input type="checkbox"/> pain or cramping in lower leg (calf)	<input type="checkbox"/> prolonged fatigue	<input type="checkbox"/> seizures
<input type="checkbox"/> sexually transmitted disease	<input type="checkbox"/> shortness of breath	<input type="checkbox"/> stress/tension
<input type="checkbox"/> unusual lumps or growths	<input type="checkbox"/> unusual menstrual irregularities	<input type="checkbox"/> urinary problems
<input type="checkbox"/> vision problems (blurred vision or loss of sight)	<input type="checkbox"/> weakness in arms or legs	<input type="checkbox"/> other-
<input type="checkbox"/> loss of appetite		

Weight change recently-Has your weight changed significantly recently?

Amount of weight change(If so, how much?):

Time frame for weight change(Over what type of time frame?):

<input type="checkbox"/> yes	<input type="checkbox"/> No	<input type="checkbox"/> unsure
<input type="checkbox"/> weeks	<input type="checkbox"/> months	<input type="checkbox"/> years
<input type="checkbox"/> unknown	<input type="checkbox"/> illness	

Click on the **SAVE** button when you have completed the form.

If the portal times out before clicking the SAVE button (approximately 1 hour), you can log into the portal again by clicking the link in the email and start the form over. If you SAVE or close out of the form before finishing the form, you will not be able to access the form again through the portal and we will have to have you finish the form at the time of your initial appointment.