

# INSTRUCTIONS FOR THE NEW EMR PORTAL

Secure website:

<https://ourm.ouphysicians.com/>

1. Register as a new patient
2. Please write down your username and password and keep it in a safe place. We will be able to send lab/test results to the portal for you to view from home.

The screenshot shows the patient registration interface. At the top left is the logo for 'OU Physicians REPRODUCTIVE MEDICINE'. To its right is the text 'OU Physicians Reproductive Medicine' and two flags (USA and France). Further right are two buttons: 'New Patient' (white) and 'Existing Patient' (blue). Below this is a navigation bar with 'Registration | General | ID Numbers'. The main form area contains the following fields:

- Title: dropdown menu with '-- Select --'
- Date of Birth: text input field
- Gender: dropdown menu with '-- select --'
- Street: text input field
- City: text input field
- State: text input field
- PostalCode: text input field
- Country: text input field
- Telephone (home): text input field
- Telephone (office): text input field
- Mobile: text input field
- Fax: text input field

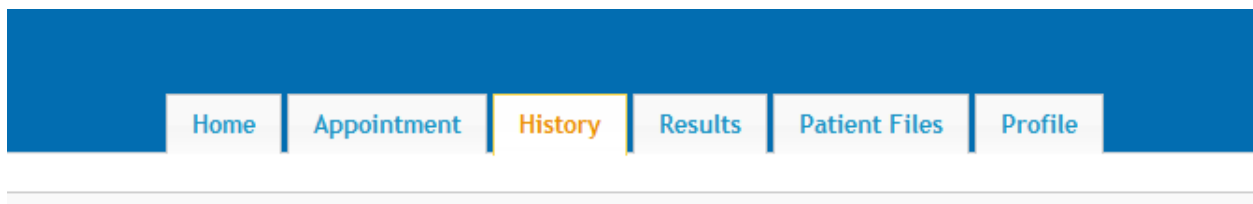
At the bottom of the form is a dark grey button labeled 'Next'. Below the form area, at the bottom of the page, is the contact information: '840 Research Parkway, Suite 200 Oklahoma City, OK 73104' and 'T: 405.271.1616 F: 405.271.9222'.

3. Please fill out information in each section where it is applicable. This includes **PERSONAL DETAILS, SOUSE DETAILS, HISTORY, AND SPOUSE HISTORY.**

The screenshot shows a patient portal interface with a blue header bar containing navigation tabs: Home, Appointment, History, Results, Patient Files, and Profile. Below the header, there are six main sections:

- REQUEST AN APPOINTMENT**: A calendar for November 2015 with the 6th highlighted in yellow.
- TEST RESULTS**: An empty section for test results.
- HISTORY**: A list of expandable history items: Allergies, Family History, Previous Deliveries, and Previous ART.
- PERSONAL DETAILS**: A form with the following information:
  - Name: test, sally
  - DOB: Nov-02-2015
  - Gender: Female
  - BloodType:
  - Address: ,
  - Phone:
  - Email: ouinfertility@ouhsc.edu
- SPOUSE DETAILS**: A section with a large white plus sign on a grey background, indicating no spouse information is currently entered.
- SPOUSE HISTORY**: A list of expandable history items: Allergies and Family History.

4. Click on the history tab on the upper toolbar.



5. You will need to click on every tab in this section under **HISTORY AND SPOUSE HISTORY.**

**SPOUSE HISTORY**

**HISTORY**

[Menstrual Cycle](#) | [Contraception](#) | [Gynecology](#) | [Sexual](#) | [Health](#) | [Risks](#) | [Genetic](#) | [Exercise](#) | [Fertility Therap](#)

Today's Date

Age when Periods 1st Started

Your Last Period Date

Your Previous Period Date

D1 of Previous Cycle to D1 of Following Cycle? Min  Max  (days)

Interval Between Menses

How many Days does your Period Last?

Are your Periods Painful?

Do you Have any Pain Between Periods?

Have your Periods ever Stopped? (excluding pregnancy)

Do you Bleed Between Periods?

Do you have Cyclic Mood Changes related to your Menses?

Do you have Nipple Discharges related to your Menses?


Before Your Period do you have Bloating?

Before Your Period do you have Breast Tenderness?

Health | Sexual | Genetic | Genitourinary

Today's Date: Nov-05-2015

Weight Status? Stable

If you Smoke, how many Cigarettes per Week? 

If you Drink Coffee, how many Cups per Day?

If you Drink Alcohol, how many Glasses per Week? 5

Do you use Non-Prescription (illicit) Drugs? Past: Not Selected, Current: Not Selected

Select current or past Illicit Drugs: Not Selected

Have you ever had Rubella? (German Measles)

Are you Immunized? Not Selected

List 1 or more known Family Medical Conditions: Alcoholism, Liver Disease, Hypertension [Browse](#)

Have you ever had 1 or more of the following Surgeries? Toe Surgery (R), Back Surgery [Browse](#)

Comments

List 1 or more current Prescriptions? Macrobid, Claritin, Phentermine [Browse](#)

Comments

Have you ever had 1 or more of the following Medical Conditions? Blood in urine, Kidney Disease, [Browse](#)

Comments

6. MAKE SURE YOU SAVE AS YOU GO AND WHEN YOU HAVE ANSWERED ALL QUESTIONS.
7. If you do not register on the portal and fill out all of the information your appointment will be delayed or cancelled, so this is a very important step in the process.

Thank you and we will look forward to taking part in your care.

OU Physicians Reproductive Medicine