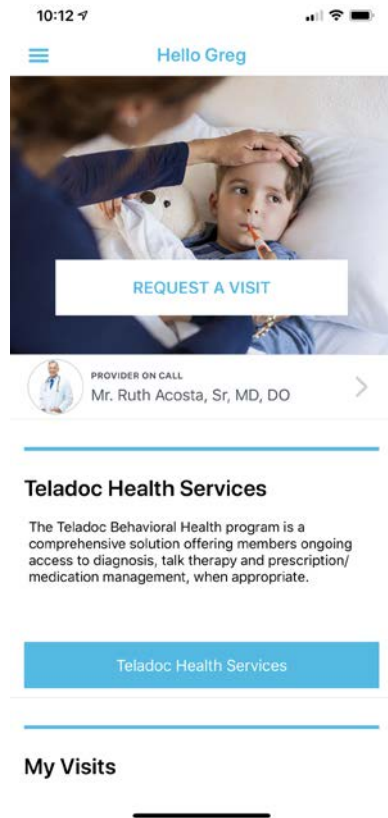
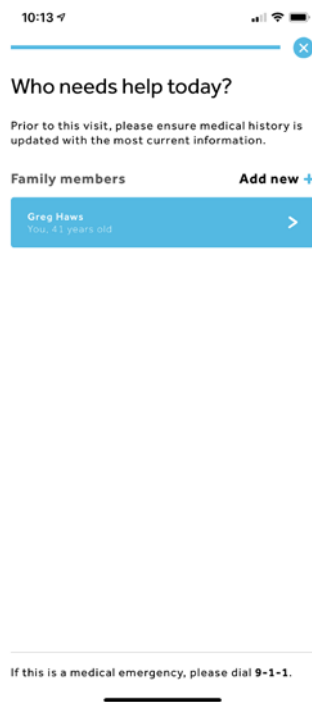


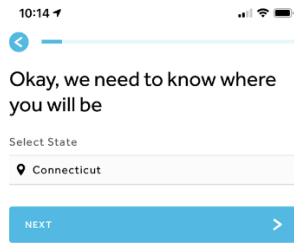
1) This is what the patients see when they log into there account through mobile.



2) When they select “Teladoc Health Services” They will need to select who the visit is for.



3) They will need to select the state they are in.



Because medical regulations can differ based on location, we use this information to connect you to the appropriate licensed doctor.

4) The patient needs to select Behavioral Health.

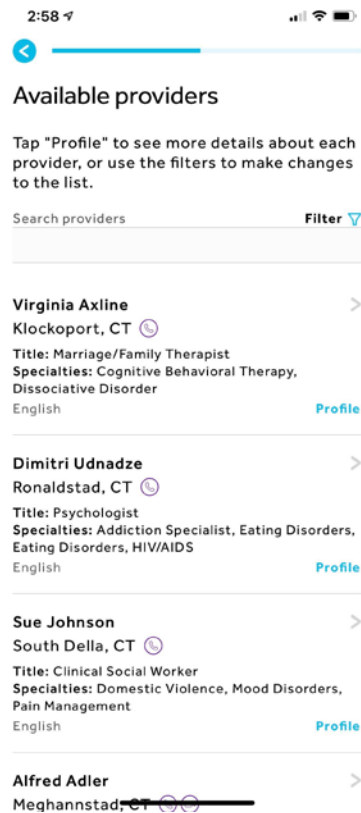


Which one should I choose?

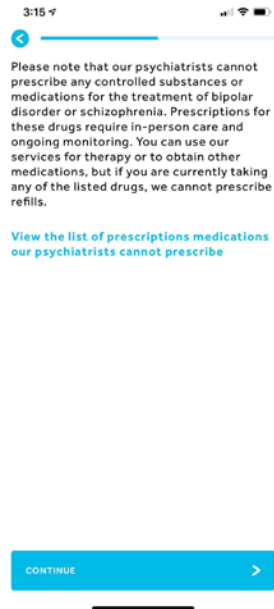
5) The patient is able to select there provider.



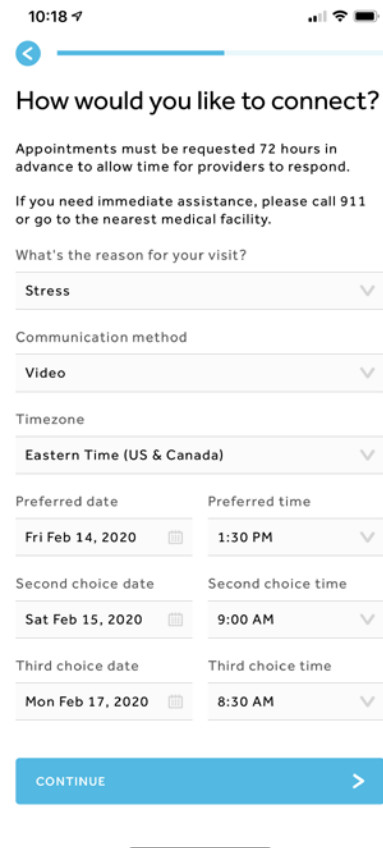
6) They can see the list of providers that are available for BH.



7) This is just a message to the patient.



8) The patient will be able to select how they want to get in contact with the provider. They will also need to add time and date of when they would like to have a visit.



9) They will need to answer a few questions.

10:19 📶 🔋

⬅️ 📊

Emotional Health Questionnaire

During the past TWO (2) weeks, how much, (or how often) have you been bothered by the following problems?

Response key:

- **None:** Not at all.
- **Slight:** Rare, less than a day or two.
- **Mild:** Several days.
- **Moderate:** More than half the days.
- **Severe:** Nearly every day.

1. Little interest or pleasure in doing things?

None Slight Mild Moderate Severe

2. Feeling down, depressed, or hopeless?

None Slight Mild Moderate Severe

3. Feeling more irritated, grouchy, or angry than usual?

None Slight Mild Moderate Severe

4. Sleeping less than usual, but still have a lot of energy?

None Slight Mild Moderate Severe

5. Starting lots more projects than usual or doing more risky things than usual?

None Slight Mild Moderate Severe

6. Feeling nervous, anxious, frightened, worried,

10) More questions to answer

10:19 📶 🔋

⬅️ 📊

6. Feeling nervous, anxious, frightened, worried, or on edge?

None Slight Mild Moderate Severe

7. Feeling panic or being frightened?

None Slight Mild Moderate Severe

8. Avoiding situations that make you anxious?

None Slight Mild Moderate Severe

9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?

None Slight Mild Moderate Severe

10. Feeling that your illnesses are not being taken seriously enough?

None Slight Mild Moderate Severe

11. Thoughts of actually hurting yourself?

None Slight Mild Moderate Severe

12. Hearing things other people couldn't hear, such as voices even when no one was around?

None Slight Mild Moderate Severe

13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?

None Slight Mild Moderate Severe

11) More questions to answer

10:20

None Slight Mild Moderate Severe

13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?

None Slight Mild Moderate Severe

14. Problems with sleep that affected your sleep quality over all?

None Slight Mild Moderate Severe

15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?

None Slight Mild Moderate Severe

16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?

None Slight Mild Moderate Severe

17. Feeling driven to perform certain behaviors or mental acts over and over again?

None Slight Mild Moderate Severe

18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?

None Slight Mild Moderate Severe

19. Not knowing who you really are or what you want out of life?

None Slight Mild Moderate Severe

12) The last questions the patient needs to answer

3:22

None Slight Mild Moderate Severe

19. Not knowing who you really are or what you want out of life?

None Slight Mild Moderate Severe

20. Not feeling close to other people or enjoying your relationships with them?

None Slight Mild Moderate Severe

21. Drinking at least 4 drinks of any kind of alcohol in a single day?

None Slight Mild Moderate Severe

22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?

None Slight Mild Moderate Severe

23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?

None Slight Mild Moderate Severe

CONTINUE

13) Adding their phone number and email address.

1:04

<

A few more details

Which number should we use?

(555) 555-5555

Care to add a backup number? (optional)

A reminder email will be sent to:

kpattisapu@teladoc.com

A reminder text will be sent to: (optional)

By providing a cell phone number, I consent to receive updates about my visits, including reminders, cancellations, account and healthcare messages at the number above. Text messages are subject to the Terms of use. Message and data rates may apply.

CONTINUE >

14) Reviewing the information, they have entered.

1:05

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Great! Please review your details and submit

Patient's name
Greg Haws

Provider's name
MR. UAT4LP PROVIDER (BCIA, BCPC, CBIS, CCDC, CPC, CSAT, CSW, MD)

Preferred date and time
Friday, February 14, 2020 at 4:00 PM EST

Second choice date and time
Saturday, February 15, 2020 at 8:00 AM EST

Third choice date and time
Sunday, February 16, 2020 at 8:00 AM EST

State
Connecticut

Type of visit
Behavioral Health

Method
Video

Contact number
(555) 555-5555

Share my visit results with my primary care physician
No

Today's visit will cost
\$0.00

Without Teladoc, where would you have gone to seek medical help?

15) Need to confirm all the information is correct.

3:24

type of visit
Behavioral Health

Method
Video

Contact number
(555) 555-5555

Share my visit results with my primary care physician
No

Today's visit will cost
\$0.00

Without Teladoc, where would you have gone to seek medical help?
▼

I understand the **Informed Consent Agreement** and consent, on my own behalf or on behalf of my minor dependents, to receive Services by a Teladoc Clinician.

I understand that I may access **Teladoc's Notice of Privacy Practices** and acknowledge that I have been provided access to such Notice of Privacy Practices.

(Optional) I agree to the release of my medication history, if available, for review by a clinician or provider for this visit.

CONFIRM >

START OVER >

16) Patient is given some information on what the next steps.

3:25

You're all set!

So what happens next?

- Your provider reviews your preferred times and responds within **72 hours**.
- If those times don't work, your provider will send back new proposed times. **You need to review those times and accept one, or suggest something different.**
- If a time works for your provider, he or she will accept your request and you're all set!
- Either way, you will receive an email when there is any activity so be sure to check your Message Center.

CONTINUE >

17) They will get taken back to the home page. There BH visit will show up on the main page.

