



Patient Portal Instructions

➔ There are two ways to access the patient portal, you can either access it from the www.LKorthopedics.com website and then clicking on the link that is located on the bottom right corner of the webpage. Or you can type in the following link to have direct access to the patient portal: <https://portal.LKOrthopedics.com>

https://portal.lkorthopedics.com/phxportal/Login.aspx

Apps Paychex Online Phone User Login Formdesk Home Page Bactes Web Report... Sign In - Medfusion... Admin Login User Login

LEDERMAN KWARTOWITZ
Center for Orthopedics & Sports Medicine

Welcome

Take advantage of the online services offered by our practice with the assurance that all of your information is encrypted and stored securely. After you create your account, you will receive an e-mail from us that includes your user ID and a link back to our patient portal. You may log in at any time to begin using our services.

If you experiencing a medical emergency, please dial 911 or your local emergency number for immediate assistance.

Login to Patient Portal

Please enter the following information

Email

Password

☐ Keep me signed in (unless logout)

☐ Remember Me

[Sign up](#) [Forgot Password?](#)

➔ Click "Sign up" to the right of the login button below the Email and Password fields

First Time Login

Please enter your details and set your password

First Name:

Last Name:

Email:

Date of birth: 
format is MM/DD/YYYY

Please set your password

Password:
At least 7 characters, no blank spaces or non-alphanumeric characters

Confirm Password:

Please select your security question and its answer
(In case you forget your password this information will be used to verify your identity so that you can reset it)

Security Question:

Security Answer:

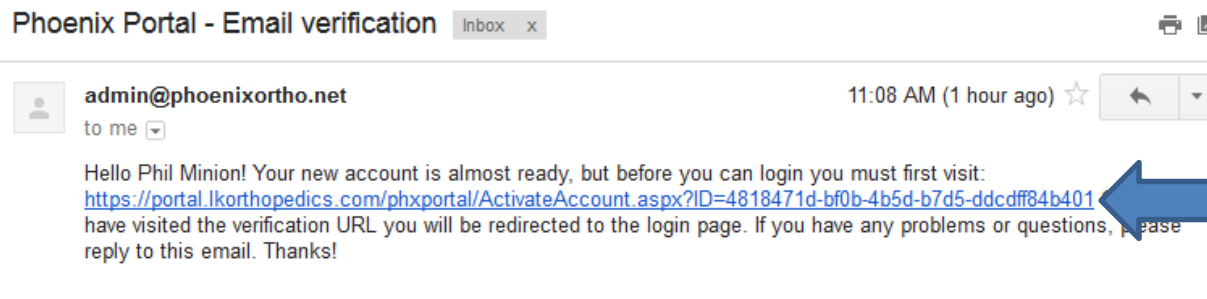
Login

Enter the patient's information:

1. First Name
2. Last Name
 - a. If the patient's last name is hyphenated, they can't use a hyphen or space
3. Email
4. Date of Birth
5. Set Password
6. Set Security Question

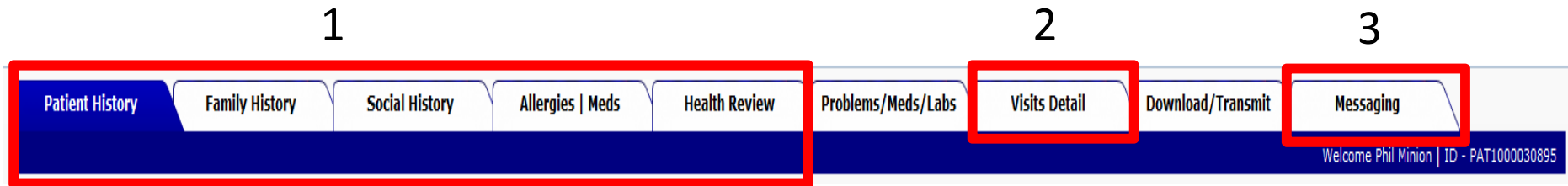
After this is completed and there is no warning on the bottom of the box in red lettering you will be sent an activation email.

➔An e-mail will be sent from intake@lkorthopedics.com containing a confirmation link. Once you get the email you will need to click on the link provided to verify



This is what your email will look like. Click on the link provided. Remember if the email doesn't pop up right away in your inbox, check your spam folder.

➔ The screen below will be displayed when the patient logs in and the OMR (“bubble sheet”) can be completed



When you first sign into the patient portal, you are going to be brought right to the OMR (Patient Medical History Page). You will notice nine (9) tabs on the top and by clicking on any one of these tabs will bring you to a different window. Some of these tabs will need to be filled out before you are seen for the first time by our doctors. If you have any questions, please feel free to give us a call and we will be more than happy to assist you in any way we can.

Box #1: Patient Medical History

- Patient History - Patient’s personal medical history
- Family History – The patient’s father, mother and sibling medical history
- Social History – Patient’s Social History
- Allergies & Medication List – Patient’s allergies and what medication they are currently on
- Health Review – a little more indepth review of systems medical history.

Box #2: Visit Details

- Will list all current and past appointments.

Box #3: Messaging

- Where a patient will be able to message our office.

Patient History
Family History
Social History
Allergies | Meds
Health Review
Problems/M

Medical History

☒ No Medical History Reported

AIDS

Alcoholism

Alzheimers

Anemia

Rheumatoid Arthritis

Asthma

Blood Clot: Leg

Blood Clot: Lung

Stroke

Blood thinners (Coumadin, Plavix, aspirin, etc)

Cancer: Breast

Cancer: Colon

Cancer: Lung

Cancer: Prostate

COPD

Depression

Diabetes

Drug Abuse

Sleep Apnea

Gout

Heart Attack

High Blood Pressure

Hepatitis

Kidney

Osteoarthritis

Seizures

Ulcers, bleeding

Other Disease

Select

Add

List of Other Diseases Added

Delete

Orthopedic History

☒ No Surgical History Reported

Carpal Tunnel Left Wrist

Arthroscopy Left Elbow

Arthroscopy Left Shoulder

Arthroscopy Left Ankle

Arthroscopy Left Knee

Arthroscopy Left Hip

Left Hip Replacement

Left Knee Replacement

Spinal Fusion

Cardiac (Heart)

Carpal Tunnel Right Wrist

Arthroscopy Right Elbow

Arthroscopy Right Shoulder

Arthroscopy Right Ankle

Arthroscopy Right Knee

Arthroscopy Right Hip

Right Hip Replacement

Right Knee Replacement

Laminectomy

Fracture Surgery

Other Orthopedic Surgery

Select

Add

Fractures

Select

Add

Other History

Select

Add

List of Other Surgeries Added

Delete

Orthopedic Diagnostics

Select

Add

Other General Surgery

Select

Add

Submit Page

3

PATIENT HISTORY

While filling out your medical history please pay attention to the headings on every box that is highlighted.

1. Medical History: Check any of the boxes that apply to you. You can add more information by either selecting a disease from the “other disease” drop down menu or by manually entering them into the “enter disease” box then clicking on the add button. You will notice that when you click on the add button that whatever you add will populate in the window to the right.
2. Orthopedic History: Check any boxes that apply to you. At the bottom of the box you will be able to list any surgeries, fractures, or any diagnostic imaging (just make sure to click on the add button before moving on to the next surgery. You will notice that when you click on the add button that whatever you add will populate in the window to the right.
3. Don't forget to click on the submit button before moving onto the next tab.

****If nothing applies to you make sure you check the box next to where it says “No Medical History Reported” at the top of each box.**

Page 4 of 11

Patient History
Family History
Social History
Allergies | Meds
Health Review
Problems/

Father Medical History

☒ No significant family history

☐ AIDS/HIV
☐ Diabetes
☐ Kidney Disease
☐ Anemia
☐ Gout
☐ Liver Disease
☐ Blood Clots
☐ Heart Attack
☐ Muscle Dis
☐ Cancer
☐ Hemophilia
☐ Osteoporosis
☐ Coronary
☐ Hypertension
☐ Rheumatoid Arthritis
☐ Osteoarthritis

Enter Disease
Add

List of Other Diseases Added
Delete

Mother Medical History

☒ No significant family history

☐ AIDS/HIV
☐ Diabetes
☐ Kidney Disease
☐ Anemia
☐ Gout
☐ Liver Disease
☐ Blood Clots
☐ Heart Attack
☐ Muscle Dis
☐ Cancer
☐ Hemophilia
☐ Osteoporosis
☐ Coronary
☐ Hypertension
☐ Rheumatoid Arthritis
☐ Osteoarthritis

Enter Disease
Add

List of Other Diseases Added
Delete

Sibling Medical History

☒ No significant family history

☐ AIDS/HIV
☐ Diabetes
☐ Kidney Disease
☐ Anemia
☐ Gout
☐ Liver Disease
☐ Blood Clots
☐ Heart Attack
☐ Muscle Dis
☐ Cancer
☐ Hemophilia
☐ Osteoporosis
☐ Coronary
☐ Hypertension
☐ Rheumatoid Arthritis
☐ Osteoarthritis

Enter Disease
Add

List of Other Diseases Added
Delete

Submit Page

FAMILY HISTORY

While filling out your medical history please pay attention to the headings on every box that is highlighted.

1. Father Medical History: This is where you will check and/or enter in any important medical history about your father.
2. Mother Medical History: This is where you will check and/or enter in any important medical history about your mother.
3. Sibling Medical History: This is where you will check and/or enter in any important medical history about your siblings.
4. Don't forget to click on the submit button before moving onto the next tab.

****If nothing applies to family mentioned in each box make sure you check the box next to where it says "No significant family history" at the top of each box.**

Patient History	Family History	Social History	Allergies Meds	Health Review	Problems
-----------------	----------------	----------------	------------------	---------------	----------

Normal Social History

☐ **All Substances Negative** 8

Hand Dominance: ☐ Right ☒ Left 1

Lifestyle 2

Activity Level:

Exercise Frequency:

Exercise Type:

Hobbies/Activities:

Diet History:

Demographics 3

Occupation:
Choose closest alternative

Education:

Employer:

☐ Retired ☐ Disabled

Substances usage

Tobacco

☐ Yes ☒ No

Type:

Usage

☐ Never

☐ Occasionally

☐ Daily

☐ Former

Alcohol

☒ Yes ☐ No

Type:

Usage

☐ Never

☒ Occasionally

☐ Daily

Caffeine

☒ Yes ☐ No

Type:

Usage

☐ Never

☐ Occasionally

☒ Daily

Illicit Drugs

☐ Yes ☒ No

Type:

Usage

☐ Never

☐ Occasionally

☐ Daily

Submit Page 9

SOCIAL HISTORY

1. **Hand Dominance:** Pick which hand is you dominate hand.
2. **Life Style:** Please select the best answer from the following dropdown menus:
 - a. Activity Level
 - b. Exercise Frequency
 - c. Exercise Type
 - d. Hobbies/Activities
 - e. Diet History
3. **Demographics:** Please pick the best/closest choice from the dropdown menus of occupation and education. Please fill in who your employer is or if you are retired or disabled.

Substance Usage:

4. **Tobacco:** Do use any type of tobacco, what type and how much.
5. **Alcohol:** Do use any type of alcohol, what type and how much.
6. **Caffeine:** Do use any type of caffeine, what type and how much.
7. **Illicit Drugs:** Do use any type of illicit drugs, what type and how much.
8. **No Substances Negative** – If you do not use any of the substances listed above, you can just check this box and it will automatically check them as no.
9. **Don't forget to click on the Submit button to save all your changes.**

Patient History

Family History

Social History

Allergies | Meds

Allergies





Substances allergic to:

Substance	Reaction	Edit	Delete
ASPIRIN			

Add

Medications

Medications currently taking:

Substance	Delete
LIPITOR	
LEXAPRO	
SINGULAIR	
No Current Meds*	

Add

Search

Cancel

Submit Page

Allergies & Medications

You cannot add allergies or medications to this tab. This page is only to check for accuracy after your first visit.

Patient History

Family History

Social History

Allergies | Meds

Health Review

Problems

Hold the ctrl key to select multiple items

1

Constitutional

☐ Negative

Weight loss or gain
Weakness
Fatigue
Fever

Cardiovascular

☒ Negative

High blood pressure
Chest pain
Rheumatic fever
Palpitations
Pacemaker

Musculoskeletal

☐ Negative

Arthritis
Muscular weakness
Stiffness
Muscular pain
Joint pain

Eyes

☐ Negative

Glasses or contacts
Blurred vision
Glaucoma
Cataracts
Excessive tearing

Respiratory

☐ Negative

Shortness of breath
Cough
Wheezing
Asthma
Bronchitis

Skin

☒ Negative

Rashes
Sores
Lumps
Dryness
Itching

Endocrine

☒ Negative

Thyroid trouble
Excessive sweating
Excessive thirst

ENMT

☐ Negative

Ear ringing
Earaches
Hearing aid
Frequent colds
Nasal discharge

Gastrointestinal

☐ Negative

Heartburn
Rectal bleeding
Abdominal pain
Gallbladder trouble
Hepatitis

Neurologic

☐ Negative

Headache
Memory loss
Vertigo
Dizziness
Seizures

Hematolymphatic

☒ Negative

Anemia
Easy bruising
Easy bleeding
Swollen glands

Genitourinary

☒ Negative

Blood in urine
Urinary infections
Kidney stones
Burning on urination
Sexual transmitted disease

Psychiatric

☐ Negative

Nervousness
Depression
Mood change

Immunologic

☒ Negative

Reactions to drugs
Skin rashes
Reactions to food

Submit Page

2

Health Review

Review of Systems

This is where you will be able to select any medical issues you might have. There are 14 boxes and each box represents a different system. Slowly go through each box and select any issues that may apply to you. To select multiple items on one list hold down the "Ctrl" button while clicking on the items that apply to you.

****If nothing applies to you in any of the boxes, make sure to click on the "Negative" box above the listed items.**

➔ Under the “Visits Details” tab you will be able to look at any past and future appointments. By clicking on the past appointments it should give you a visit overview of what was discussed.



Patient History Family History Social History Allergies | Meds Health Review Problems/Meds/Labs **Visits Detail**

Your next appointment is: none scheduled

Referral Provider: Daniel Panush
Referrals you've been given:

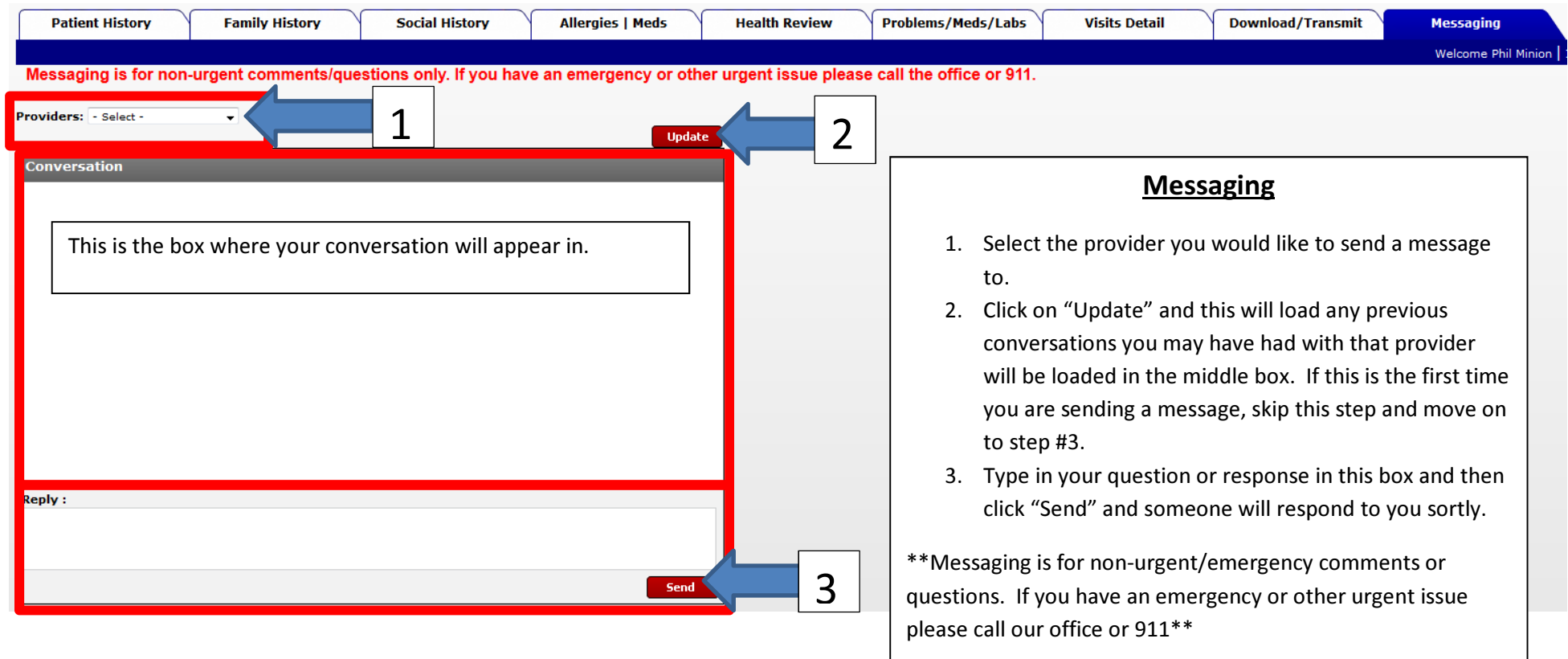
Visits

[Date: 1/20/2015 - Ronald Lederman - 2300 Haggerty Road, Suite 1110, West Bloomfield, MI 48323-](#)

Click on this link and information will appear about that appointment below. It will show you what date and time your appointment is/was and if this is a past appointment it will also give you a brief overview of what was discussed.

Substances allergic to:

By clicking on the “Messaging” tab you will be able to send messages to the provider that is overseeing your care. First you must select the provider you would like to see from the provider drop-down menu, then click “Update”. This should load any previous conversations that you have had with that provider, but if this is the first time you are contacting us through the portal you will only need to type in the lower box and click on send when you want to send your message to us.



Patient History **Family History** **Social History** **Allergies | Meds** **Health Review** **Problems/Meds/Labs** **Visits Detail** **Download/Transmit** **Messaging**

Welcome Phil Minion

Messaging is for non-urgent comments/questions only. If you have an emergency or other urgent issue please call the office or 911.

Providers: - Select - **1**

Update **2**

Conversation

This is the box where your conversation will appear in.

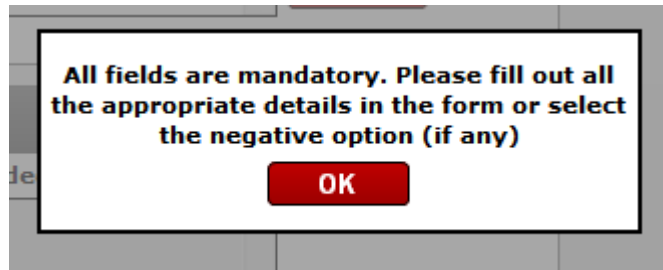
Reply :

Send **3**

Messaging

1. Select the provider you would like to send a message to.
2. Click on “Update” and this will load any previous conversations you may have had with that provider will be loaded in the middle box. If this is the first time you are sending a message, skip this step and move on to step #3.
3. Type in your question or response in this box and then click “Send” and someone will respond to you shortly.

****Messaging is for non-urgent/emergency comments or questions. If you have an emergency or other urgent issue please call our office or 911****



If you ever get a pop-up that looks like the photo to the left, click on “OK” and slowly go through the page to make sure you have clicked on or checked all appropriate boxes. If nothing in a certain box does not apply to you there will be a check box that is labeled “No medical history” or “Negative”, check this box.