First Stop Health:
Patient Views
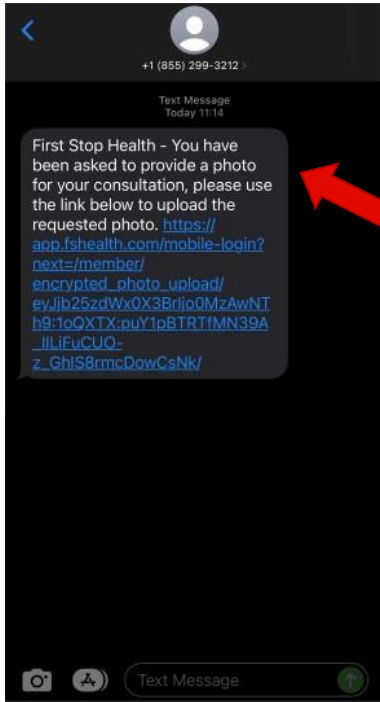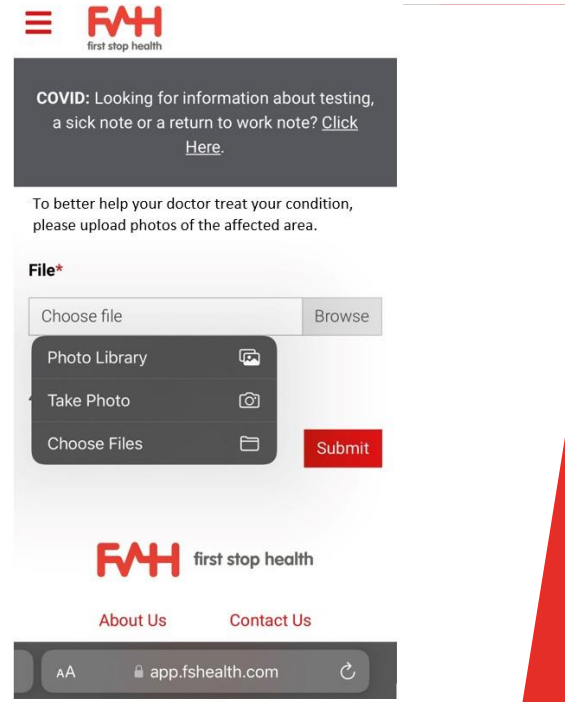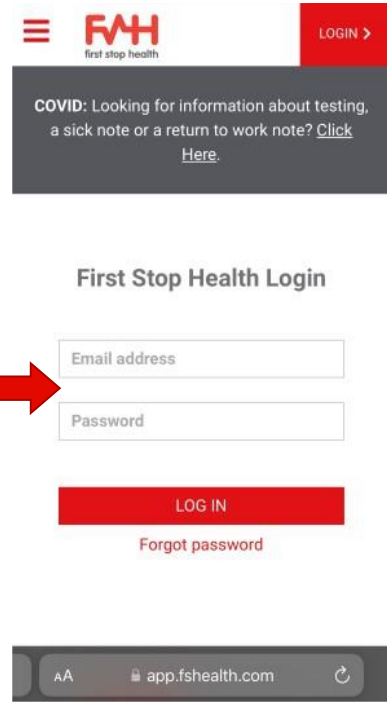
Updated 05/16/23

Photo Request: Patient View

Photo Request SMS

▶ Patient will receive a text to their phone number on file

▶ Patient clicks link to LOG IN to upload a photo to the consult

Prompt to upload photo

Once patient logs in to their FSH account, they are brought to this page. When they click "Browse" they can choose where to upload the photo from or take a photo.

Sick Note: Patient View

View when patient logs into fshealth.com

To access sick note, click past visits

Past Visits > Sick Note
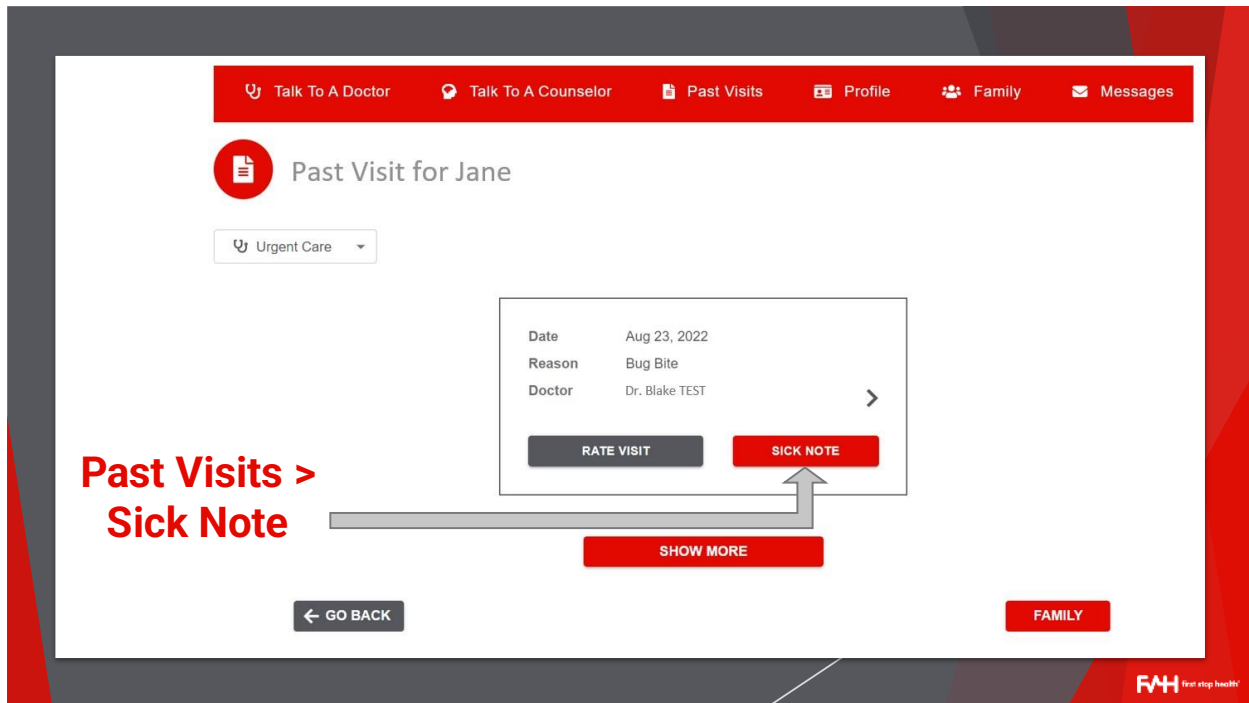
Talk To A Doctor　Talk To A Counselor　Past Visits　Profile　Family　Messages

Past Visit for Jane

Urgent Care ▾

Date　Aug 23, 2022
Reason　Bug Bite
Doctor　Dr. Blake TEST

>

RATE VISIT　SICK NOTE

SHOW MORE

← GO BACK　FAMILY

Patient's view of sick note AFTER logging in

Note: Patients are responsible for sending this to whomever it may concern

Sick Note

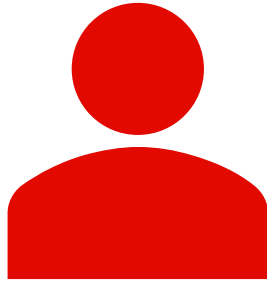Jane Doe was consulted by Dr. Blake TEST on 08/23/2022

RETURN-TO-WORK/SCHOOL INFO
Based on information provided by Dr. Blake TEST during the telemedicine visit, Jane Doe may be excused from work/school from 08/22/2022 and may return after 08/23/2022. Provided Jane Doe followed Dr. Blake Test's recommendations and has recovered from his/her illness/injury. A patient's diagnosis is considered private between the patient and the provider. A patient may access those visit details within their account by clicking "Past Visits."

GENERAL_COVID-19 INFO
According to the CDC, with respect to COVID-19, returning to work or school is considered safe when a patient has:
- Not been recommended to quarantine or isolate **OR**
- Completed recommended quarantine following exposure **OR**
- Completed recommended isolation **AND**
   - At least 10 days have passed since symptoms first appeared**AND**
   - At least 24 hours have passed with no fever without fever-reducing medication **AND** other symptoms have improved

Note: FSH doctors cannot order COVID-19 tests. Therefore, we cannot confirm whether or not a patient has COVID-19 and cannot certify that it is

Patient Consult Request

Patient information collected prior to consult

▶ **Primary symptom**

▶ **Photo (if applicable)**

▶ **Medical Conditions, Current Medications, & Allergies**

▶ **Height & Weight**

▶ **Pregnancy (if applicable)**

▶ **Which state they are in**

▶ **Preferred pharmacy**