

Your Patient Portal

Welcome to Fertility Specialists of Texas! Thank you for trusting our team to help you on your path to parenthood; we cannot wait to help you grow your family. We know there's a lot involved with fertility treatment, which is why we offer an amazing tool to help maximize communication and minimize stress. Your patient portal is going to be *your new best friend*.

Put Your Portal to Work

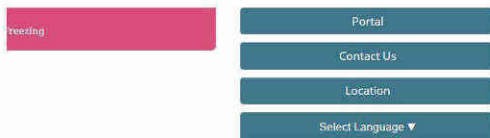
- ✓ E-mail Your Clinical Team
- ✓ Review Your Lab Results
- ✓ Receive Important Reminders
- ✓ Access Your Medical History
- ✓ Upload Important Documents
- ✓ Read the Latest Fertility Tips & News

Here's How to Do It



Step 1

While scheduling your new patient appointment, our new patient coordinator provided you with your personal login information for the patient portal. Please save this information for easy access.



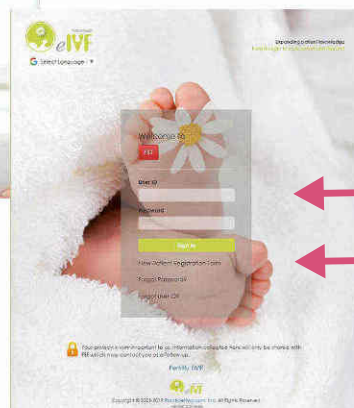
Step 2

Visit FertilityTexas.com and click on the Portal tab in the top right corner to access the site. The portal must be completed on a computer, the site is not compatible with mobile devices.



Step 3

Click the **Sign In** button in the top right corner to access your patient portal.



Login with the **User ID** and **password** provided to you.

Do Not click the New Patient Registration Form.



Change your password

Please enter your...

User ID:

* If you forget your user ID, please contact our office. Thank you.

Submit

Fertility eIVF



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Step 4

After signing into your portal, you will be asked to verify account details and create a new password. Once you reset your password, the system will automatically log you out. You will need to login again with the user ID provided by FST and your new password.

If you receive a pop-up window for Adobe, click the "Do Not Test Me Again" option to continue.



Expanding patient knowledge
New thought to conception and beyond

Step 5

Update your contact information and click the Update button to save.

No Change

Update

Update your contact info

We have the following information on your profile. Please review and make the necessary changes. Any changes you make now will be in effect within 24 hours after we verify and approve the information.

You

Preferred Title:	Please select...
First Name:	
Middle Name:	
Last Name:	
Email:	
DOB:	
Home Phone:	
Business Phone:	
Cell Phone:	
Alternate / Other:	
Birth Date:	
Marital Status:	Unknown
Religion:	Unknown
Nationality:	Unknown
Race:	Unknown
Employer:	
Occupation:	
Home Address:	
Address Line 2:	
Country:	United States
City:	
State:	
Zip Code:	

Your Partner

Preferred Title:	Please select...
First Name:	
Middle Name:	
Last Name:	
Email:	
DOB:	
Home Phone:	
Work Phone:	
Work Phone ext:	
Alternate / Other:	
Birth Date:	
Marital Status:	Please select...
Religion:	Please select...
Nationality:	Please select...
Race:	Please select...
Employer:	
Occupation:	
Address 1:	
Address 2:	
Country:	Please select...
City:	
State:	
Zip:	



Profile FAQ Log Out
FST Welcomes
Manage my information

Home Lab Results Flowsheet History [x] Prescriptions Documents Messages



History

History Form (Patient Evaluation)

Step 6

Once you are directed to the home page, click on the History tab and then the History Form link to add your medical history. Please note this section must be completed at least **2 Business Days** prior to your appointment. Failure to do so risks cancellation and you will need to reschedule.

Welcome to eIVF Patient Portal and thank you for considering us.

Registration an easy 9-step process that usually takes the average patient approximately 30 minutes.

- Step 1: Female Information (Completed)
- Step 2: Pregnancy Information (Completed)
- Step 3: Menstrual Cycle History (Completed)
- Step 4: Gynecologic History (Completed)
- Step 5: Medical History (Completed)
- Step 6: Environmental Factor (Completed)
- Step 7: Genetic/Family History (Completed)
- Step 8: Infertility Tests (Completed)
- Step 9: Past Fertility Treatments (Not Started)

Review Summary

We suggest that you have the following information available *before* you start the registration process.

- Your complete health insurance information
- The names, addresses and phone numbers of your doctor(s)
- The names and dosages of any medications that you take
- The types and approximate dates of any surgical procedures that you've had

Taking a moment to gather this information before you start will make the process even easier.

Cancel Next

Take Note: Completing Your Medical History

There are 9 sections within the medical history category that must be completed. Once you provide all necessary details in a section, click the Next button. After all sections are completed, you will see a "Thank You for Registering" window.

Please enter the following patient information.
An * indicates a required field. Sections shaded in gray are not applicable with the selected options.
Thank You

Thank you for registering.
You have completed the entire questionnaire.

Close

Please enter the following patient information. An * indicates a required field. Patients checked in gray are not applicable with the selected options.

Female Information

Preferred Title:

First Name:

Middle Name:

Last Name:

Birth Date: 1 27 1979

Age: 37 Years

Race: Unknown

Occupation:

Marital Status: Unknown

Height:

Weight:

Reason for visit (chief complaint):

Total number pregnancies:

Pre-term births: <37 weeks

Term births: ≥37 weeks

Miscarriages (SAB): <20 weeks

Abortions (TAB):

Ectopic Pregnancies (EP):

Biochemical Pregnancies:

How long have you been trying to achieve a pregnancy? (months of unprotected intercourse or number of insemination cycles):

How long have you been trying to achieve a pregnancy with current partner? months

Summary Save and Close Back Next

Take Note: Female Information Screen

The Total Number of Pregnancies section includes any miscarriages and/or abortions and requires details for each one.

eIVF

Select Language ▼

Home Lab Results Flowchart History Prescriptions Documents Messages

Demographics Insurance Clinicians Change Password Update Photo Update Driver License Update Security Question

Wednesday June 26

Upload Image: Choose File No File chosen Submit

*Only image file will be accepted, no .jpg, .png, and gif

Fertility EXIR

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Step 7

Click on your profile icon in the top right corner to upload your photo. If you're unable to do so, your photo will be taken at your first appointment. Photos are for internal use only by our office staff.

Referral Source

<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Primary Care Physician
<input type="checkbox"/> Oncologist	<input type="checkbox"/> Urologist
<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> Acupuncturist
<input type="checkbox"/> Insurance Provider	
<input type="checkbox"/> Fertility Specialists of Texas website	<input type="checkbox"/> Search Engine (Google/Yahoo/Bing)
<input type="checkbox"/> Search Engine/Goldstein	<input type="checkbox"/> Search Engine/Chivers
<input type="checkbox"/> Search Engine/Patel	<input type="checkbox"/> Search Engine/Skara
<input type="checkbox"/> Search Engine/Gueram	<input type="checkbox"/> Facebook Ad
<input type="checkbox"/> FST Facebook Page	<input type="checkbox"/> Comments/referrals on Facebook
<input type="checkbox"/> Instagram	<input type="checkbox"/> LinkedIn
<input type="checkbox"/> Twitter	<input type="checkbox"/> Other

Take Note: Referral Source

When you scheduled your new patient appointment you were asked how you heard about us. Our new patient coordinator added your response to your chart; you do not need to add anything to this section.

3 Reminders

- Update / Review Referral Source
- Missing Driver License Card
- Missing Insurance Card

Take Note: Reporting Your Period

During treatment at FST, you may be asked to report the first day of your period. As this is time-sensitive information, please call our office to provide details; Do Not use the "Report Your Period" option in the patient portal.



Take Note: Portal Issues

If, at any time, you forget your User ID, or encounter any other issues with the patient portal, please call our office for guidance: 214-618-2044.