

Clockwise Registration for COVID-19 Test Sample Collection

<p>From any web browser, visit http://www.memorialhermann.org/urgentcare/</p>	
<p>Select "Check-In"</p>	
<p>Find the Memorial Hermann Urgent Care Clinic that the patient would like to visit and select "Check-In".</p>	
<p>Select "Referral Only – Lab Collection" as the reason for the visit.</p>	<p style="color: red; text-align: center;">Start by selecting the reason for your visit today:</p>

Enter the Patient first name and last name.

The soonest date/time will be pre-populated. If a different date/time is preferred, select it. Please note: the only dates available will be today or tomorrow.

Enter the patient's preferred email address.

Enter the patient's cell phone number.

Enter the patient's date of birth.

Under "Is the patient experiencing any of the following severe symptoms?", select "No".

Within Chief Complaint, type the test(s) being ordered:

- COVID-19 NAA

Review the acknowledgements with the patient and select them.

<input type="text" value="Patient First Name"/>	<input type="text" value="Patient Last Name"/>
<input type="text" value="Today - 4/29/2020"/>	<input type="text" value="11:15 AM"/>
<input type="text" value="Email"/>	<input type="text" value="Cell Phone Number"/>

By providing my cell phone number above, I consent to receive text messages specific to this visit, including confirmation and reminder messages. Any further use of my cell phone number shall be governed by my response to the Memorial Hermann communication policy.

<input type="text" value="Date of Birth"/>
<input type="text" value="Is the patient experiencing any of the following severe symptoms?"/>
<input type="text" value="Chief Complaint"/>

By clicking here, you acknowledge that to the best of your knowledge, the patient is not suffering from any **severe symptoms** that may require emergency care.

Severe symptoms include: severe injury or distress, chest pain (unrelated to flu or cold), difficulty breathing, heavy bleeding, severe abdominal pain, severe headache, passing out/seizure, weakness/numbness, dizziness/blurred vision, confusion/difficulty speaking, severe allergic reaction, medication overdose, chemical ingestion, or a child that is too sleepy/limp/can't stop crying/vomiting for more than 24 hours.

If you have a severe condition, please call 911 or proceed to the nearest Emergency Department immediately.

By clicking here, you acknowledge that you would like to receive email communications, including marketing communications, from Memorial Hermann Health System via email or text.

Add Patient (Same Room)

Send survey text after the visit

If you provided your cell phone number above, we'll send you a text message when it's time to show up. You should expect to receive your text reminder message

minutes before my visit

I have reviewed the information on when to call 911.

Click "Confirm me!"

Please inform the patient that the time given is not an appointment time, but a best estimation on when their sample will be collected. Due to patient emergencies, their time may be delayed but will receive updates via text.