

### UCLA Neurosurgery Tip Sheet

#### myUCLAhealth Activation and Health Form Completion Tip Sheet

Please follow these instructions to securely activate and access your myUCLAhealth account, *prior to your first visit.*

#### You will receive enrollment instructions via email

We have received your request for an activation code to create a myUCLAhealth account. If you have received this mail in error, please report it by emailing [myUCLAhealth@mednet.ucla.edu](mailto:myUCLAhealth@mednet.ucla.edu).

Thank you for enrolling in myUCLAhealth. Please follow the instructions below to securely access your online medical record. myUCLAhealth allows you to send messages to your care team, view your test results, renew your prescriptions, schedule appointments, and more. myUCLAhealth is NOT to be used for urgent needs. For medical emergencies, dial 911.

How Do I Sign Up?  
In your Internet browser, go to <https://my.UCLAhealth.org>  
Click on the Sign Up Now link in the Sign In box.  
Enter your myUCLAhealth Activation Code exactly as it appears below. You will not need to use this code after you've completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyUCLAhealth Activation Code: CMXNX-MPVB5-XPVKB  
Expires: 6/27/2017 3:26 PM

Complete the requested fields to set up your account.

For assistance in looking up your medical record number, or if you have any questions, please call the Patient Help Desk, available 24/7, at [\(855\) 364-7052](tel:855-364-7052).

Sincerely,  
UCLA Care Team

- In your Internet browser, go to <https://my.UCLAhealth.org>
- Click on **I have an activation code** link in the **New User?** box.



Enter the **myUCLAhealth Activation Code** that was provided to you in your enrollment instructions via email.

- If you do not sign up before the expiration date, you must request a new code.
- Enter Date of Birth
- Enter the **Medical Record Number (MRN)** that was assigned to you on your initial call.

**Please Identify Yourself**  
Step 1 of 3  
All fields are required.

**myUCLAhealth Activation Code**  
Enter your Activation Code. Your code may be found on your hospital discharge instructions, billing statement or printouts from your doctor's office.

**Date of Birth**  
Enter your date of birth in the format shown, using 4 digits for the year.

**Medical Record Number**  
Please enter your medical record number(MRN). Your MRN may be found on your hospital discharge instructions, billing statement or printout from your doctor's office. If you do not know your MRN, please call the Help Desk (855) 364-7052 for assistance.

Next

After your appointment has been scheduled, you will receive a message via myUCLAhealth, asking you to complete your New Patient Health History Questionnaire. Your response will be submitted via your myUCLAhealth account into your electronic medical record.

You will receive a message in the Messaging Inbox, of your active myUCLAhealth account confirming your upcoming scheduled appointment and that there is a new questionnaire available.

You will click on the message to open the questionnaire

**Appointment Scheduled**

To: Test004 Mychart  
From: myUCLAhealth  
Received: 7/6/2015 9:16 AM PDT

It is very important that you complete the following questionnaires prior to your arrival in the clinic:  
Pain Assessment Form  
Patient History

**Please click here to view your available questionnaires.**

Appointment Information

Department:  
SM PAIN MANAGEMENT CLINIC  
1245 16th Street Suite 225  
Santa Monica CA 90404-1240  
310-794-1841

Provider: Eric S. Hsu, MD  
Date: 7/06/15  
Time: 10:00 AM

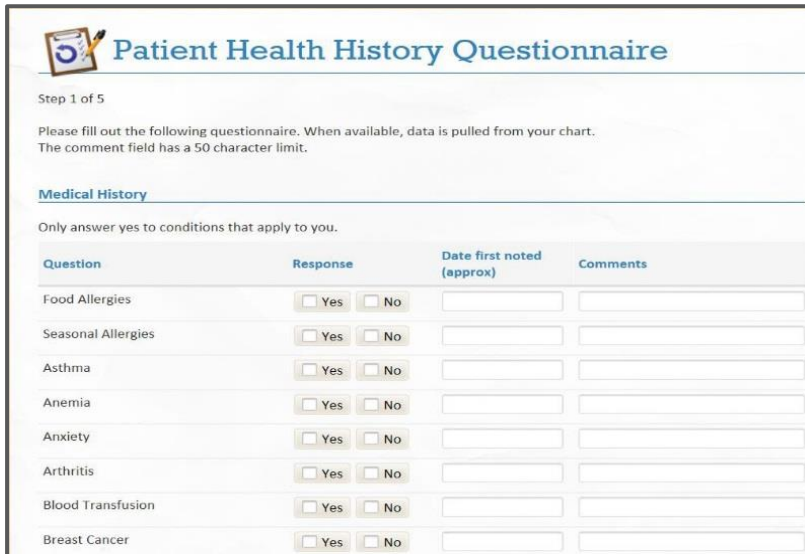
Please click [here](#) to view your upcoming appointments.

Delete

Back to the Message List

You will respond to the questions and submit your questionnaire.

The status of the questionnaire will display as Submitted.



The screenshot shows a web-based form titled "Patient Health History Questionnaire". It is labeled as "Step 1 of 5". Below the title, there is a note: "Please fill out the following questionnaire. When available, data is pulled from your chart. The comment field has a 50 character limit." The form is divided into a section titled "Medical History". Below this section, there is a instruction: "Only answer yes to conditions that apply to you." The main part of the form is a table with four columns: "Question", "Response", "Date first noted (approx)", and "Comments". The "Response" column contains two radio buttons for "Yes" and "No". The "Date first noted" column contains a date input field. The "Comments" column contains a text input field. The rows in the table are: Food Allergies, Seasonal Allergies, Asthma, Anemia, Anxiety, Arthritis, Blood Transfusion, and Breast Cancer.

Question	Response	Date first noted (approx)	Comments
Food Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Seasonal Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Blood Transfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Breast Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

Once you have completed your Questionnaire, you will still be able to provide further updates at your visit.