



**SEKINE, RASNER
& BROCK**
Obstetrics Gynecology Infertility

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*We utilize state-of-the-art
medical technology*

Sekine, Rasner & Brock is dedicated to providing compassionate OB-GYN care to women at every stage of life

With 70 years of combined experience, Sekine, Rasner & Brock provides experienced and individualized care to each of our patients.

OB/GYN Services at SR&B

Specialized services that we offer in obstetric and gynecological medical care include:

➤ High risk obstetrical patients including twins,

From the site's homepage, click on "Patient Portal".



SEKINE, RASNER & BROCK
Obstetrics, Gynecology & Infertility



Compassionate care for each phase of life

Dial 911 in the case of a medical emergency.

Welcome to the Sekine, Rasner & Brock, LLC Patient Portal

New to the Patient Portal?

Create an account to access these features and more.



Message your healthcare team



Schedule appointments



Pay bills securely online

[Create account](#)

Sign In to Your Account

Email address

Password

[Forgot your password?](#)

Sign In

or


Our sign-in process has changed.


[sign in](#) using your date of birth, phone number, and PIN to update your account and create a password.


[Learn more](#)


Sign in with the email and password that you have set up.





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NOV
3

NEW PT - CPX with K. Sekine, MD
Monday, November 3, 2014 at 9:00 am

[Complete *NEW Patient Portal Health Form](#)

0% complete

 [Check your messages](#)
Paperless Statements on 08/26/2014 [View, download, or transmit health data](#)
Support the Blue Button® initiative by downloading your health data for your personal records.

About the Patient Portal

Our office is pleased to provide you with online access to your health information through our Patient Portal. From here, you can:

- View details about your upcoming appointments with our practice
- Exchange secure messages with our staff
- Update your contact and insurance information
- Read and print important forms
- Access your most recent lab results and health data

[Visit our practice website »](#)
[Get directions to our practice »](#)

Select the link to “complete *NEW Patient Portal Health Form”.

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Patient Portal Health History Questions

Instructions

- When you finish updating a section, click the **Save** button.
- To go to a specific section, click the section name located to the right.
- If you have nothing to enter in a section, check "**No ...**" and click **Save**.
- If a section is already filled-out from a previous visit, check **Reviewed with no changes** and click **Save**.
- You may update this form at any time prior to your appointment.
- Updates to this form will not be made available to your provider until the time of your appointment.

Note: If your appointment is canceled, the data that you enter in this form will not be reviewed by your provider and may be discarded.

Continue

Your form is 0% complete

Introduction

GYN History

Past Medical History

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Read directions carefully, then click “Continue”.



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Medical Forms

Health History

GYN History

Updated from your medical record: 08/28/2014

 Your form is 0% completeAge at 1st period Frequency of cycle Duration of flow Flow Cramps ☒ Yes ☐ NoSexual orientation Sexually active ☒ Yes ☐ NoTotal lifetime partners Age at 1st child History of Infertility ☐ Yes ☐ NoDate of last PAP History of abnormal PAP ☐ Yes ☐ NoHPV Test HPV Vaccination History of Sexually ☐ Yes ☐ No

Introduction

GYN History ☒Past Medical History ☐Surgical History ☐Medications ☐Allergies ☐Immunizations ☐Family History ☐

Thoroughly complete all sections. Click "Save & Next".

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Past Medical History

Updated from your medical record: 08/28/2014

☒ No diseases or conditions

☐ Cancer-BRCA Tested

☐ Cancer-Breast

☐ Cancer-Cervical

☐ Cancer-Colon

☐ Cancer-Endometrial

☐ Cancer-Lung

☐ Cancer-Other

☐ Cancer-Ovary

☐ Cancer-Skin

☐ Cancer-Vaginal

☐ Cancer-Vulvar

☐ Cardiac-Heart Arrhythmia

☐ Cardiac-Heart Disease

☐ Cardiac-High Blood Pressure

☐ Cardiac-High Cholesterol

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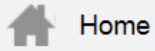
Immunizations

Family History

Social History

Your form is 12% complete

If any of these need to be checked off, you must first uncheck “No diseases or conditions”. Then check any that apply. Finally, select “Save & Next” to continue to next page.



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Medical Forms

Health History

Surgical History

Updated from your medical record: 08/28/2014

Your form is **25%** complete☒ No surgeries☐ Breast Biopsy☐ Breast-Implants☐ Breast-Lumpectomy☐ Breast-Mastectomy☐ Breast-Reconstruction☐ Breast-Reduction☐ Cancer-Surgery☐ Cardiac-Heart Surgery☐ Cardiac-Transplant Surgery☐ Derm-Skin Surgery☐ ENT-Adenoidectomy/Tonsillectomy☐ Endo-Parathyroidectomy

Introduction

GYN History



Past Medical History



Surgical History



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Like the last page, if any of these apply, first uncheck “No surgeries”, then check the ones needed. When finished, “Save & Next”.

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Medical Forms

Health History

Medications

Updated from your medical record: 08/28/2014

☒ No current medications

+

 Add a medication

Save & Next

Introduction

GYN History ☒

Past Medical History ☒

Surgical History ☒

Medications ☐

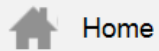
Allergies ☐

Immunizations ☐

Family History ☐

Your form is 37% complete





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Health History

Allergies

Updated from your medical record: 08/28/2014

Your form is 50% complete☒ No allergies

Add an allergy

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The same instructions apply to adding allergies to your record.

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Health History

Immunizations

Updated from your medical record: 08/28/2014

☒ No vaccinations

☐ Gardasil vaccine

☐ Hepatitis A vaccine

☐ Hepatitis B vaccine

☐ MMR (measles, mumps, and rubella) vaccine

☐ Tdap (Tetanus, Diphtheria and Pertussis) vaccine

☐ influenza, unspecified formulation

☐ Meningitis vaccine (Meningococcal)

☐ Pneumonia vaccine (Pnuumococcal)

☐ Chickenpox vaccine

☐ Shingles vaccine

Save & Next

Introduction

GYN History ☒

Past Medical History ☒

Surgical History ☒

Medications ☒

Allergies ☒

Immunizations ☐

Family History ☐

Social History ☐

Your form is 62% complete

powered by

[FAQ](#) [Portal Feedback](#) [Terms and Conditions](#) [Privacy Policy](#)

Again, to select any that apply, you must first uncheck “No vaccinations”.

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☐ Blood coagulation disorder

☐ Stroke

☐ Dementia

☐ Diabetes mellitus

☐ Disease

☐ Disorder of thyroid gland

☐ Endometrial cancer

☐ Endometriosis

☐ Heart disease

☐ Hereditary disease

☐ High cholesterol

☒ High Blood Pressure

Relation*

Mother

Onset age

25

Died of age

[\(Add another\)](#)

☐ Skin Cancer

☐ Uterine Cancer

☐ Malignant neoplastic disease

☐ Breast Cancer

☐ Cervical Cancer

☐ Colon Cancer

☐ Lung Cancer

☒ Ovarian Cancer

Relation*

Mother

Onset age

59

Died of age

[\(Add another\)](#)

GYN History☒

Past Medical History☒

Surgical History☒

Medications☒

Allergies☒

Immunizations☒

Family History☐

Social History☐



Thoroughly fill out family history. If more than one family member have the same condition, select “Add another” to create another line.

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Updated from your medical record: 08/28/2014

Smoking Status

- Select -

Smoking - How much?

- Select -

Smoking pre-pregnancy

- Select -

Tobacco-years of use

Has smoked since age

Chewing tobacco

- Select -

Alcohol intake

- Select -

Alcohol pre-pregnancy

- Select -

Blind or serious difficulty seeing

☐ Yes ☐ No

Illicit drugs

Illicit drugs pre-pregnancy

Caffeine intake

- Select -

Diet

- Select -

Exercise level

- Select -

General stress level

- Select -

Religion

Education

- Select -

Occupation

Sexual orientation

- Select -

Marital status

- Select -

History of domestic violence

☐ Yes ☒ No

Your form is 87% complete

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Answer your Social History completely. Select “Save” to complete your *NEW Patient Portal Health Form.

Smoke alarm in home ☒ Yes ☐ No

Seat belts used routinely ☒ Yes ☐ No

Sunscreen used routinely ☒ Yes ☐ No

Deaf or serious difficulty ☐ Yes ☒ No

Medical Form Completed

☒ Thank you for completing the ***NEW Patient Portal Health Form!**


You may update this form at any time prior to your appointment. Your updates will not be available to your provider until the time of your appointment.


OK

Note: If your appointment is canceled, the data that you enter in this form will not be reviewed by your physician and may be discarded.

Save

This notification should appear after clicking “Save”.
Click “OK”.

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Online Forms, if available, allow you to complete and submit forms to your practice online. Printable Forms are available to download and complete either by hand or by electronic signature.

Online Forms

 [*NEW Patient Portal Health Form](#) (100% complete)

Printable Forms

 Adobe Reader version 10.1.2 or later is required to view printable forms. There is a known problem with version 10.1.1. [Download Adobe Reader for free](#)

 [Authorization for Release of Medical Information](#)

 [CIRC FORM](#)

 [Financial Agreement](#)

 [HIPPA Consent 2014](#)

 [Informed Consent for Lab](#)

To update your patient registration, go to [My Profile / Contact](#)

Here are some printable documents that you may find helpful.

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Profile / Family Access for Shannon

A **family access account** allows you to access information about multiple patients from your Patient Portal account. You can also invite other family members to view your information.

Your Access to Other Patient Records

Patient	Date of Birth	Access 	Relationship
Shannon Ditto (you)	03/10/1975	Full	Self

[Add Another Patient](#)

Who Can Access Your Information

Sekine, Rasner & Brock, LLC (this portal)

There are no other users with access to this account.

[Add Family Member](#)



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My Profile / Reset PIN

Your PIN is required to retrieve your test results via phone. Please keep your PIN confidential.

New PIN: * (5 to 13 numeric digits)

Confirm PIN: *