

Use the Online Scheduling System

Before following these instructions, make sure you've contacted your insurance company to verify your benefits and visited our "Therapists" page to select a counselor who accepts your insurance.

Then, follow these instructions to register to use our online system, complete the Intake and schedule your appointment.

1. Go to: www.schedule.care
2. Enter the last name of the counselor you'd like to see in the "By Name" search field.

therapyappointment
you provide the therapy • we provide the rest

Find your therapist

By name

Andrea Piotrowski, LCSW, RPT

Enter the last name of your therapist above, then select from the list.

Choose from:
Coquat, Jonette
Collado, Rika
Villarreal, Sylvia
Lopresti, Jason
Walch, Martha
Moreno, Rita

A pop-up will display asking if you want the system to automatically open to that counselor in the future (so you don't have to search for her/him each time you log in). Click CANCEL until you've established your permanent counselor.

Message from webpage

Do you want to bypass the therapist selection screen and come directly to this page (the login screen for Mrs. Piotrowski) next time? Choose "Cancel" if this is a public computer or you need to access several different accounts.

OK Cancel

3. Prior to registering and completing the Intake, we recommend you view your counselor's availability to make sure an upcoming appointment time will work with your schedule. If your schedule is flexible, you can skip this step and go to Step 4.

Have a password? Log in:

User Name:

Password:

Log In to Access Your Account

Haven't seen Dr. Walch before?

Register as a new patient / client

Display availability of Dr. Walch

Your counselor's calendar will display, listing the available time slots. Click "Home" to return to the last screen.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31		8:30AM 10:30AM		

9:00AM 1:30PM 1:30PM

TIMES SHOWN ABOVE ARE AVAILABLE FOR APPOINTMENTS

Home

Quit

4. If your counselor's appointment times work with your schedule, click on **"Register as a new patient/client"** to begin.

If the counselor's calendar times don't work with your schedule and you'd like to view the calendar of a different counselor, click on the **"Return to 'Find Your Therapist' Screen"** button. Follow the same process as before to view the calendar of other counselors.

Have a password? Log in:

User Name:

Password:

Log In to Access Your Account

Haven't seen Dr. Walch before?

Register as a new patient / client

Display availability of Dr. Walch

This online service is designed to schedule non-emergency appointments only. If you are experiencing an emergency in which life, health, or property are in danger, please call 911 or another emergency response service immediately.

If you have forgotten your user name or password, contact Dr. Walch by phone: 210-838-5514

Return to "Find Your Therapist" screen

5. Complete the online Registration form, illustrated below. The "Registration" information will automatically create the medical record for the "patient", so be sure to enter the patient's information.

Below are some guidelines that will clarify, based on your unique situation:

- Individual counseling/self – Enter your own information.
- Minor child – Enter the child's information. (Parents may enter their own phone number and email address.)
- Couples/Family counseling (multiple family members will participate together in counseling sessions) – The information entered should be for the family member whose insurance will be billed.
- Multiple Individual family members – If more than one family member is presenting for individual counseling, each member must complete their own registration process. (Please note that the username/password you create must be unique to each individual patient record, so you cannot use the same combination for multiple patient records.)

Registration

Please fill out the form below to register as a new patient or client for Mrs. Piotrowski.

Do NOT use this form if you have seen Mrs. Piotrowski in the past. Instead, call 210-838-5514 to establish your Login Name and Password.

Patient Information - Section One

Patient's First Name:

Patient's Middle Initial:

Patient's Last Name:

Preferred name or nickname:

Patient's Gender: Male

Patient's Date of Birth:

Patient's Marital Status: Single

Patient's Employment Status: Employed

Home Address - Line 1:

Home Address - Line 2 :

City:

State or Postal Code: Alabama

Zip Code:

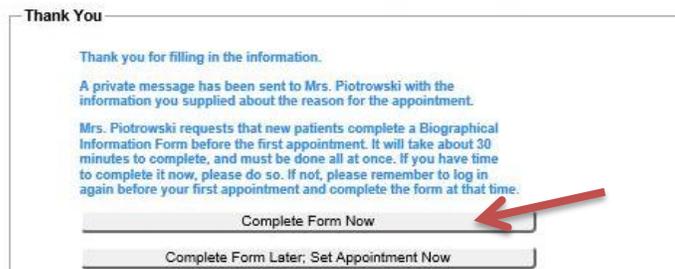
Home Phone Number :

At the end of the Registration form, click on the button, "Submit information to..." , followed by your counselor's name.

Submit Information to Mrs. Piotrowski

Abandon Input / Go to Home Page

6. On the following screen, please select, “Complete Form Now”. This will take you to our online Intake form (referred to as “Biographical Information Form”). This is similar to the Intake paperwork that you complete at any medical appointment and must be completed and submitted prior to your first appointment. **If you do not complete this prior to your appointment, the system will not secure your slot and you will have to reschedule once this information has been completed.**



Below is the form that will display. Please complete the form, in its entirety. It helps your counselor understand some of your current symptoms and problems.

Biographical Information

Mrs. Piotrowski asks that you complete this form, which will provide information useful in treatment.

Please note: It will take about 30 minutes to complete this form; it must be done ALL AT ONCE, or you will be logged out automatically, losing all of your changes.

If you don't have that much time available now, you may log in to your account later and complete it then. Please do so before your next appointment.

If you are not **test patient** (for example, if you are giving information about your child), please fill in the form about **test patient** to the best of your knowledge.

Symptoms

Click the box beside each concern experienced recently

Anxiety Depression Sleep problems Thoughts of suicide

Panic Unusual thoughts Anger outbursts Changes in weight

7. Once you've completed the Intake form, you will be prompted to schedule your appointment. By default, the system will display the current date. Click “Show Whole Month”.



Available times will display. To schedule your appointment, click on the time on the correct date.

May 2016						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31		8:30AM 10:30AM 12:30PM		
	9:00AM 1:30PM	1:30PM				

TIMES SHOWN ABOVE ARE AVAILABLE FOR APPOINTMENTS

When you've completed the Intake, you will receive an automated email from us providing additional information regarding directions to our office, insurance, consent forms, etc. (This email contains important information so please contact us if you do not receive it.) If the client is a minor, parents will need to complete the Consent Form. If the minor's parents are divorced, we require a copy of the divorce decree, or latest modification, showing that the parent has the authority to seek counseling for him/her. **It is illegal for us to provide services without this documentation.**