

CFS CLUB - Patient Portal

USER INSTRUCTIONS



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Introduction

Centre for Sight Club (CFS Club) is an online patient portal where patients will have automatic access providing easy communication along with a repository of encounters with Centre for Sight, including correspondence to both patient and GP as well as relevant links to videos and scans.

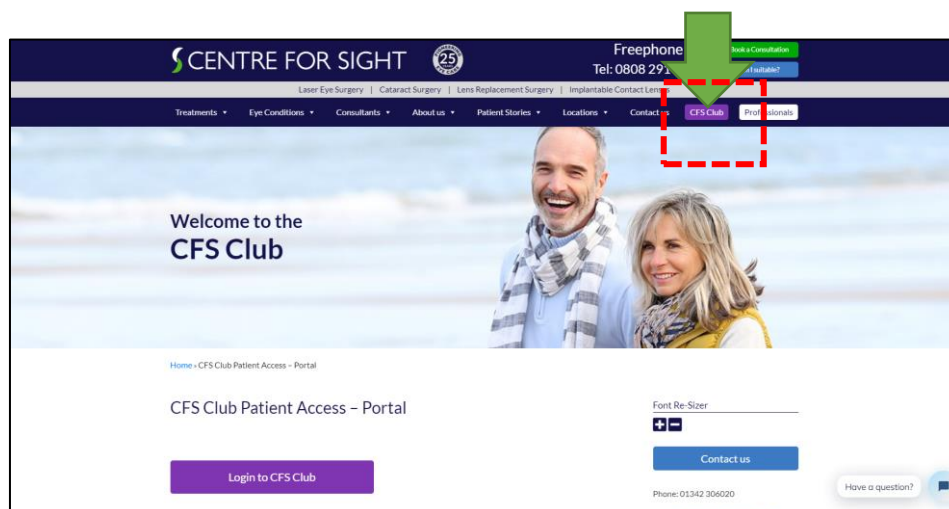
Centre for Sight prides itself in exceeding patient expectations in all aspects from patient care, surgical outcomes, and experience. Moving into the 21st Century, we felt we should embrace technology and ensure complete privacy and security for sensitive information. This bespoke solution was designed and developed under our direction keeping our patients in mind. Access will be available 24/7 on phones, tablets, and computers!

User Instructions

To activate your CFS Club account, please email enquiries@centreforsight.com or call us on 01342 306020.

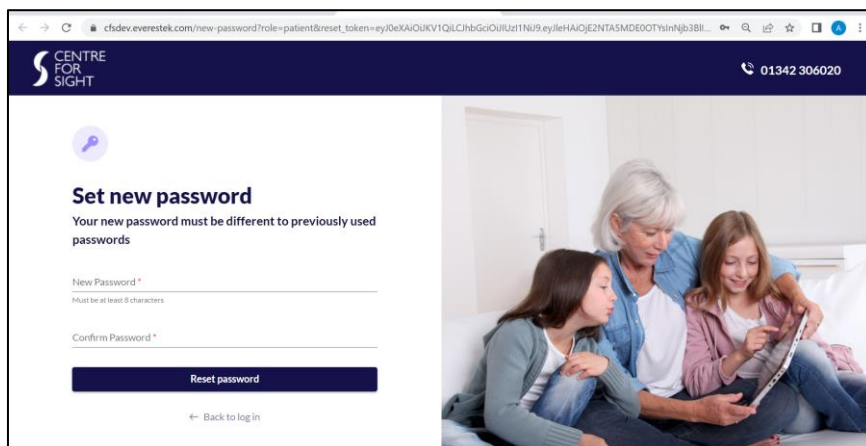
Once Centre for Sight activates your Patient Portal account, you will receive an email to set up your portal password. Create a password that you can remember but like all passwords, not one that can be guessed by others. Try to use a combination of upper- and lowercase letters, numbers, and/or characters.

You may also access your portal account by tapping or clicking on <https://cfsclub.centreforsight.com/patient-login>, or visit our website at www.centreforsight.com and tap / click on “CFS CLUB” from the top menu. This will open the Patient Portal login screen.

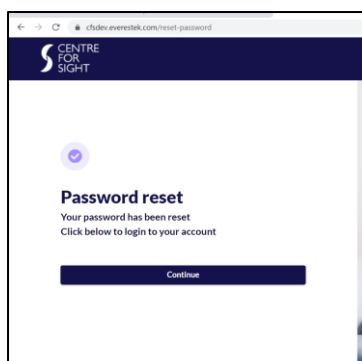


Click on **Set Password** button to follow the link that will lead you to the following screen.

Now, **enter a password that is at least 8 characters long, contains at least one capital letter, one small letter, digit & special character.**



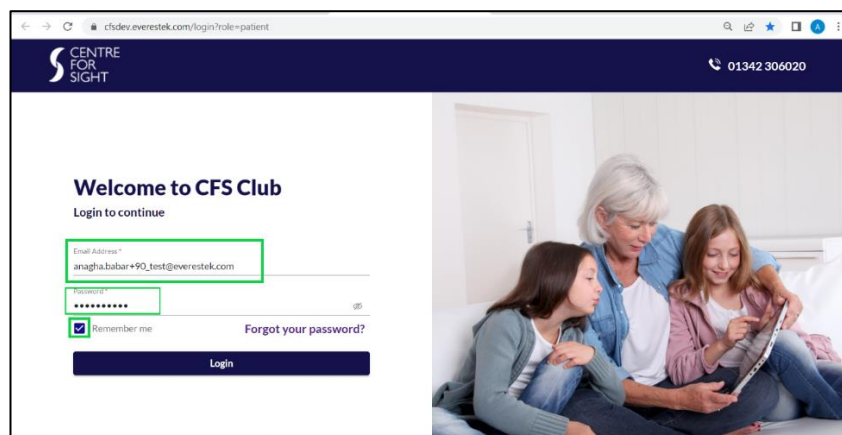
After successfully setting up the password, the following message screen will be displayed. Click on **Continue** button.



After clicking Continue, you'll be redirected to the following screen.

Enter your email ID & password that you have set in the previous step.

Click on **Remember me** checkbox if you wish to store your credentials even after logging out.

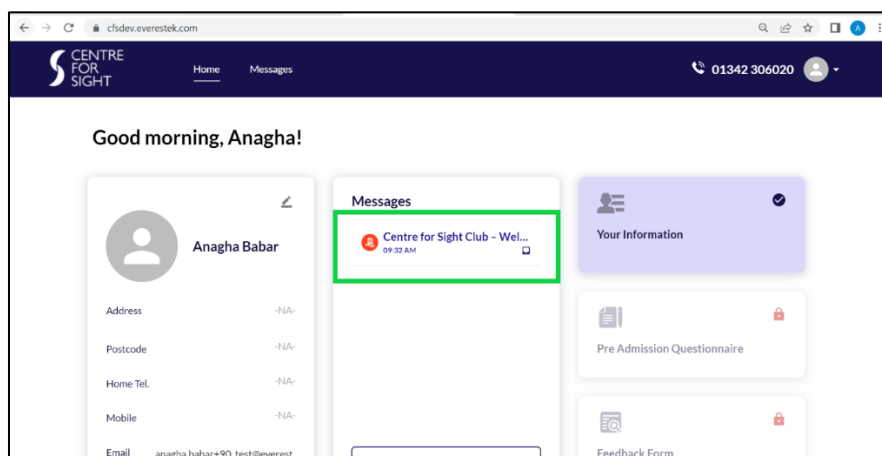


When you log in for the first time, you will be taken through the Centre for Sight Privacy Policy. Once you have read this, tap / click "Submit."

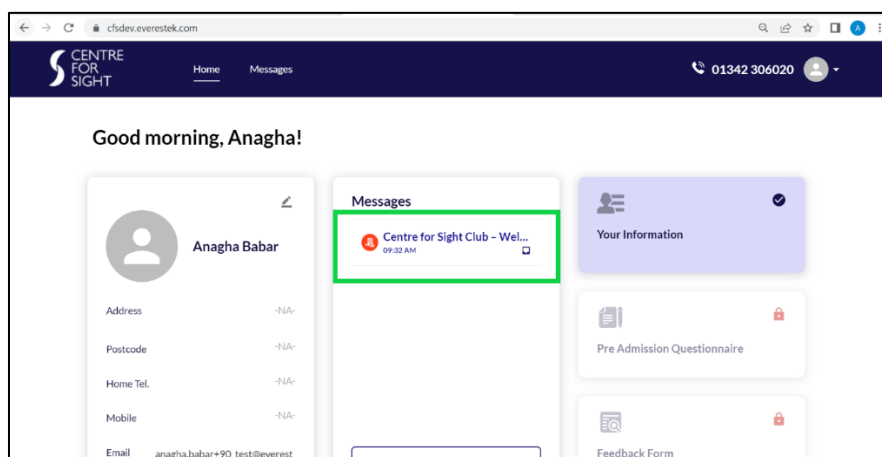
Congratulations! You have now successfully accessed your personal CFS CLUB account!

Navigate Through Your Dashboard

Your Portal “Dashboard” has a number of sections.

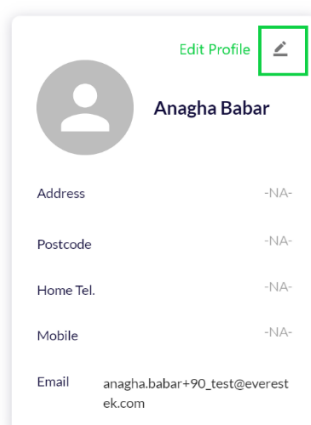


Messages card will display a Welcome message.



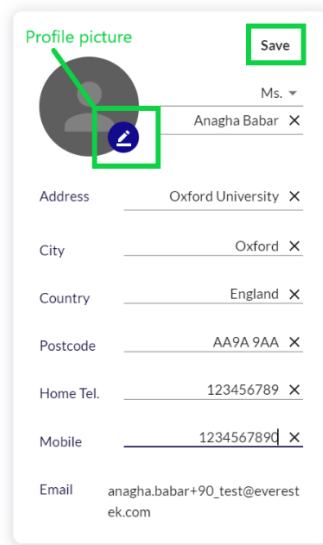
Personal Details

Click on **Edit Profile** icon to enter/edit the personal details.



Only after filling all the fields with an asterisk, will the user be allowed to **Save** the personal details.

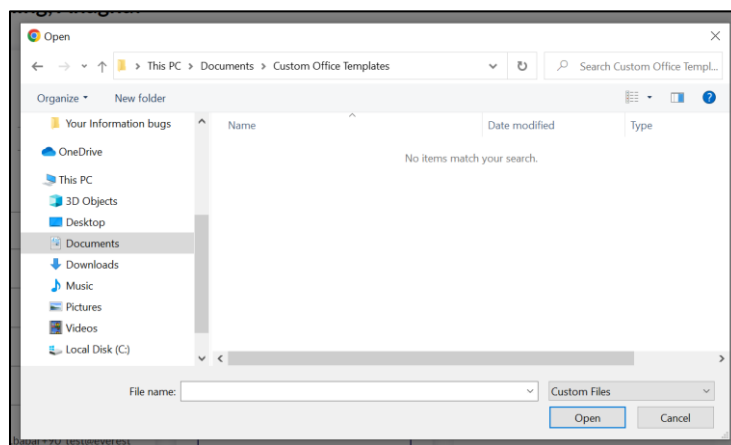
Updating the **Profile picture** is optional. To edit/update the profile image, click on **Edit**



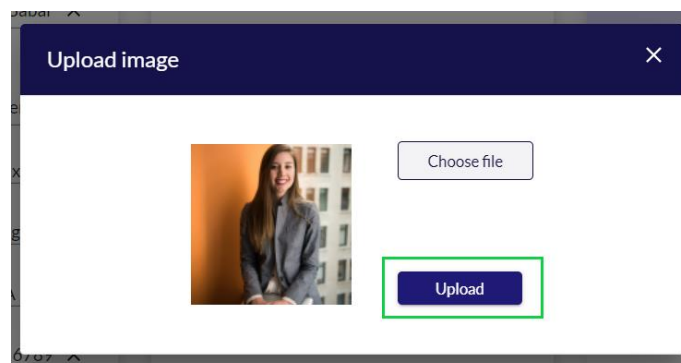
The form displays the following details:

- Profile picture:** A placeholder image with an 'Edit' icon (pencil) next to it.
- Name:** Ms. Anagha Babar
- Address:** Oxford University
- City:** Oxford
- Country:** England
- Postcode:** AA9A 9AA
- Home Tel.:** 123456789
- Mobile:** 123456789
- Email:** anagha.babar+90_test@everestek.com

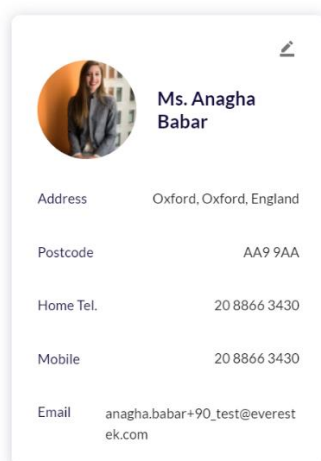
After clicking on **Edit Profile image**, a popup will be displayed. Click on **Choose file** button → **System's file explorer** will be displayed → Choose an image of **.jpg / .jpeg** format.



After selecting an image, click on an **Upload** button as shown below. This will update profile image.



After successful saving, the profile details will be displayed as below.



Ms. Anagha Babar

Address Oxford, Oxford, England

Postcode AA9 9AA

Home Tel. 20 8866 3430

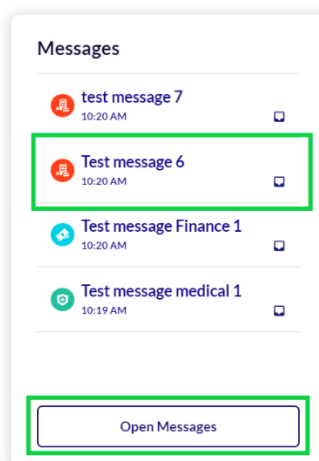
Mobile 20 8866 3430

Email anagha.babar+90_test@everestek.com

Message Centre

On **Messages card**, the last 4 messages will be displayed.

To open any message, click on that message. To open all messages, click on **Open Messages** button.



Messages

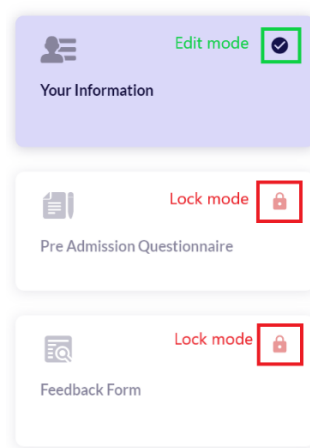
- test message 7
10:20 AM
- Test message 6
10:20 AM
- Test message Finance 1
10:20 AM
- Test message medical 1
10:19 AM



Open Messages

Form Section



Green highlighted **Checkmark** icon indicates – form available to be updated

Red highlighted **Lock** icon indicates – form can neither be viewed nor can be opened






 Edit mode 

Your Information


 Lock mode 

Pre Admission Questionnaire


 Lock mode 

Feedback Form

General Practitioner and Optician Details

Click on Edit icon to update/edit the General Practitioner and Optician details

General Practitioner

Full Name

Clinic

-NA-


Address

Tel.

-NA-

Postcode:

-NA-



Optician/Optometrists/Specialist details

Full Name

Clinic

-NA-

Address


Tel.

-NA-

Speciality

Postcode:

-NA-



Appointment Details


Scheduled appointments are displayed on **Next Appointments** as well as at the top of the Dashboard, as shown below.

Next Appointments

05-25-2022
05:30 PM

Mr Kashif Qureshi

Oxshott



Home Messages

01342 306020

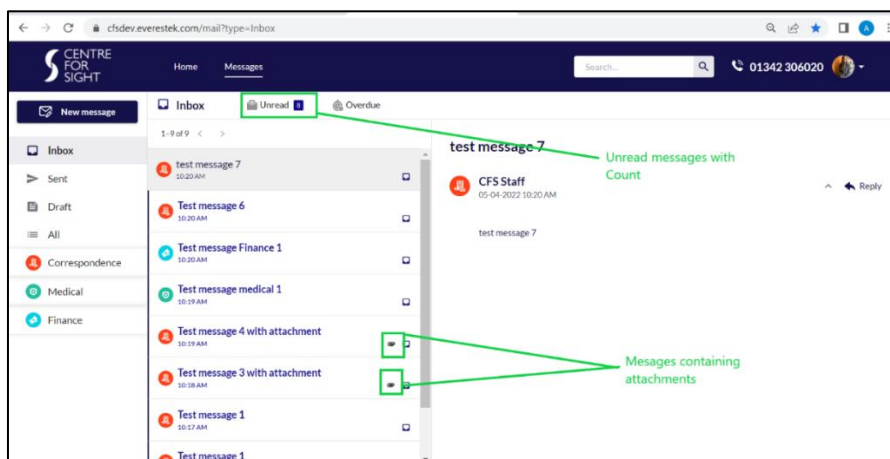
Good morning, Anagha!

Your next appointment is on 05-25-2022 at 05:30 PM with Mr Kashif Qureshi in Oxshott

Message Centre

Highlighted Pin icons indicate attachments.

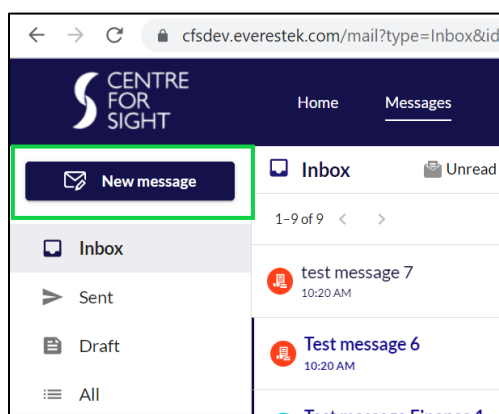
Unread messages with count are placed on the right of Inbox.



The screenshot shows the Message Centre interface. The left sidebar contains the inbox list with messages like 'test message 7', 'Test message 6', 'Test message Finance 1', 'Test message medical 1', 'Test message 4 with attachment', 'Test message 3 with attachment', 'Test message 1', and 'Test message 1'. The right pane shows the details of 'test message 7' from 'CFS Staff' on '05-04-2022 10:20 AM'. Annotations highlight the 'Unread' count in the inbox header, the 'Unread messages with Count' in the message details, and the 'Messages containing attachments' in the inbox list.

Click on Download the attachment.

Click on **New message button** to compose a message.



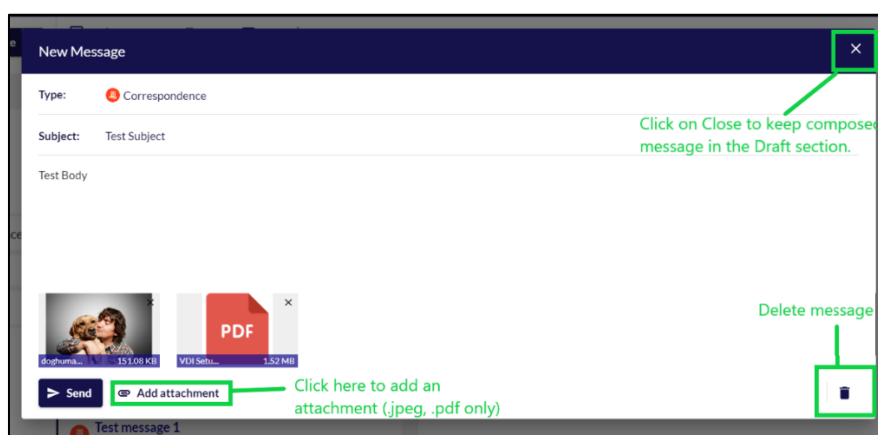
Compose message popup will be displayed.

Add Subject → **Add Body** → only after these two will the **Send button** will be enabled for clicking.

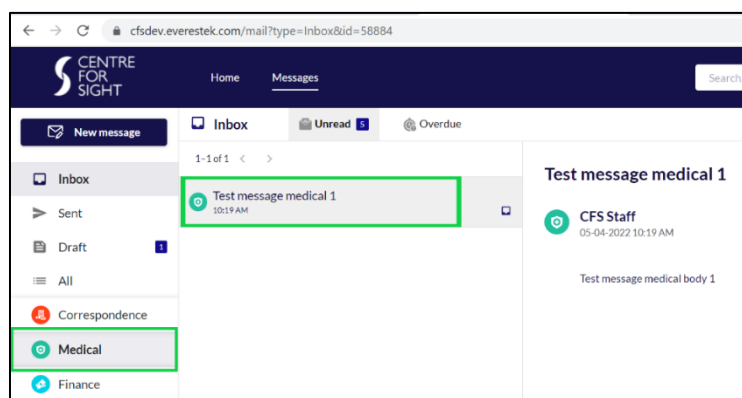
To **add an attachment** → click on **Add attachment** icon.

Note: In attachments only **.jpg, .jpeg, .pdf** files are allowed.

Maximum size of file to be uploaded is **15 MB**.

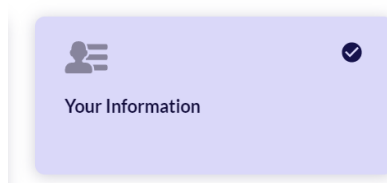


Click on the respective section e.g., Medical, Finance to view the messages in the given section.

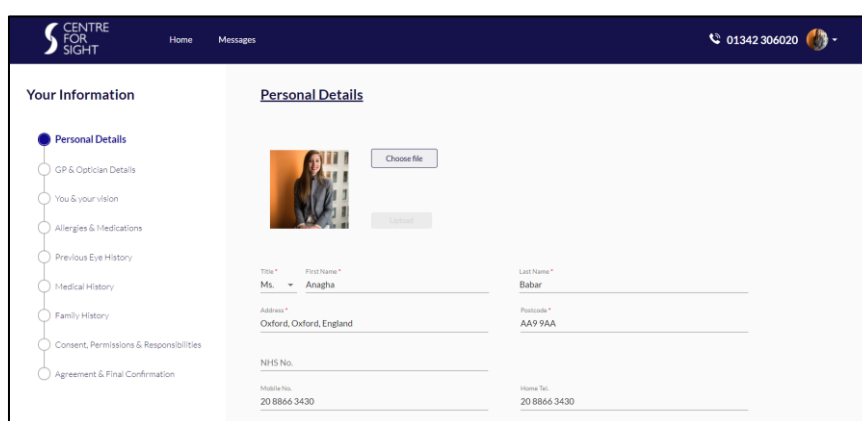


Your Information Form

Click on **Your Information** on the Dashboard



After clicking on the above card, user will be redirected to the following screen.



Centre for Sight Home Messages 01342 306020

Your Information

- Personal Details
- GP & Optician Details
- You & your vision
- Allergies & Medications
- Previous Eye History
- Medical History
- Family History
- Consent, Permissions & Responsibilities
- Agreement & Final Confirmation

Personal Details

Choose file

Upload

Title * First Name * Last Name *

Ms. Anagha Babar

Address * Postcode *

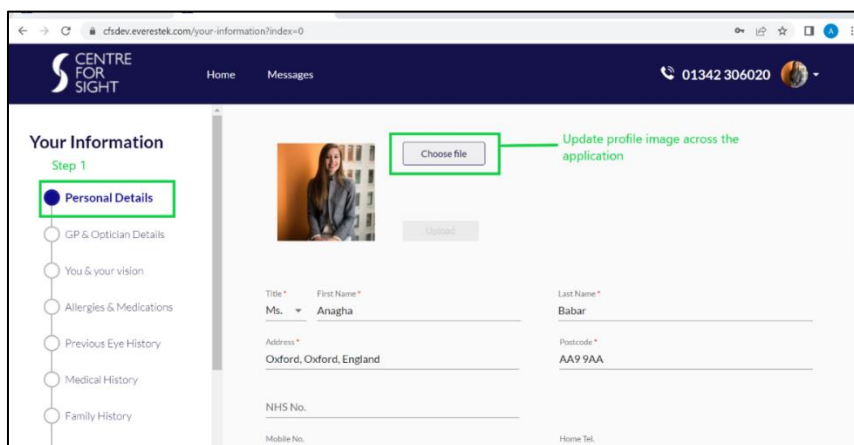
Oxford, Oxford, England AA9 9AA

NHS No.

Mobile No. Home Tel.

20 8866 3430 20 8866 3430

Click on **Choose file** to update the profile image across.



Centre for Sight Home Messages 01342 306020

Your Information

Step 1

- Personal Details
- GP & Optician Details
- You & your vision
- Allergies & Medications
- Previous Eye History
- Medical History
- Family History

Choose file

Upload

Title * First Name * Last Name *

Ms. Anagha Babar

Address * Postcode *

Oxford, Oxford, England AA9 9AA

NHS No.

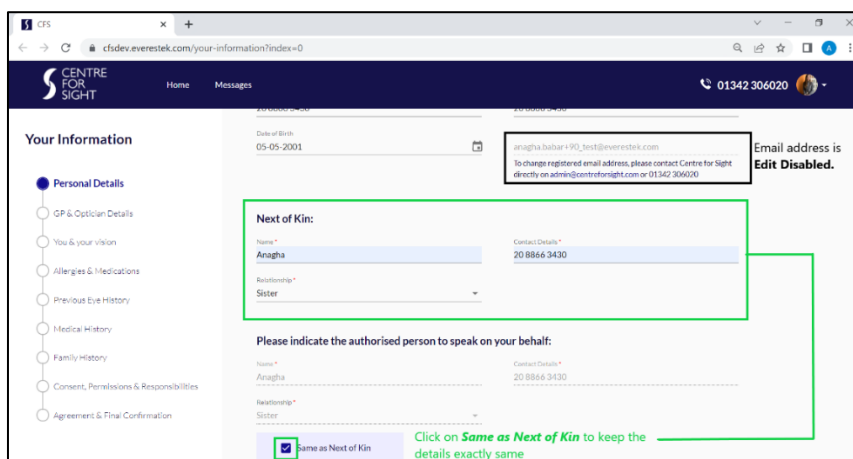
Mobile No. Home Tel.

20 8866 3430 20 8866 3430

Update profile image across the application

Go to **Next of Kin** → Fill in the **Name, Contact Details, and Relationship**

If details for **'Please indicate authorized person to speak on your behalf'** are exactly same as the **Next of Kin** section, then click on **Same as Next of Kin** checkbox.



Next of Kin:

Name* Anagha Contact Details* 20 8866 3430

Relationship* Sister

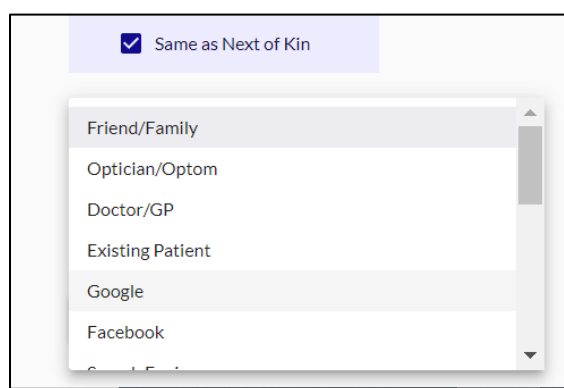
Please indicate the authorised person to speak on your behalf:

Name* Anagha Contact Details* 20 8866 3430

Relationship* Sister

☒ Same as Next of Kin Click on **Same as Next of Kin** to keep the details exactly same

Select from the dropdown options for **How did you hear about us?**



☒ Same as Next of Kin

Friend/Family

Optician/Optom

Doctor/GP

Existing Patient

Google

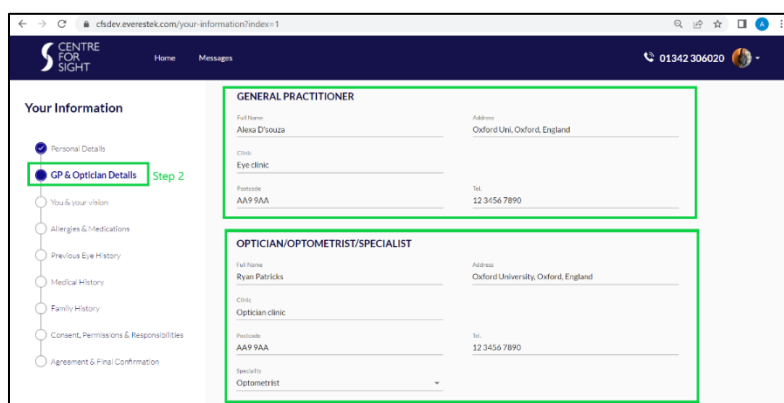
Facebook

Social Media

Click on **Save and Continue** to save the inputs and proceed to the next step

Fields in the following screen have already been completed. Click on **Save and Continue** button.

Note: If user edits/updates any change on the given screen, the change will be reflected across all inputs



GP & Optician Details Step 2

GENERAL PRACTITIONER

Full Name: Alexa D'Souza Address: Oxford Unit, Oxford, England

Clinic: Eye clinic

Postcode: AA9 9AA Tel: 12 3456 7890

OPTICIAN/OPTOMETRIST/SPECIALIST

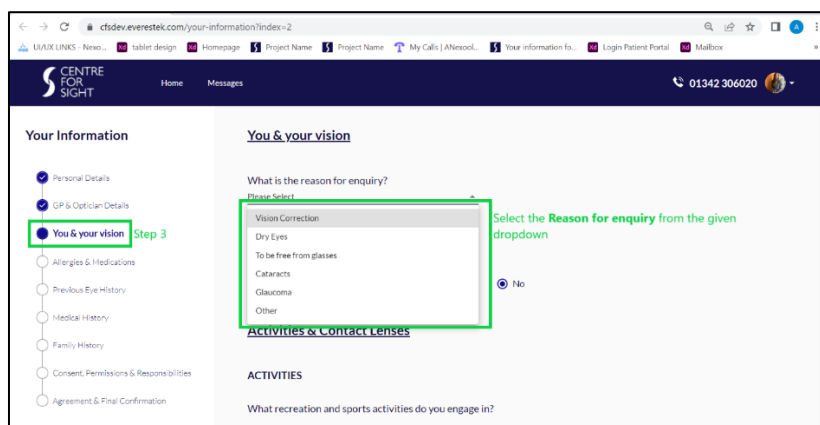
Full Name: Ryan Patricks Address: Oxford University, Oxford, England

Clinic: Optician clinic

Postcode: AA9 9AA Tel: 12 3456 7890

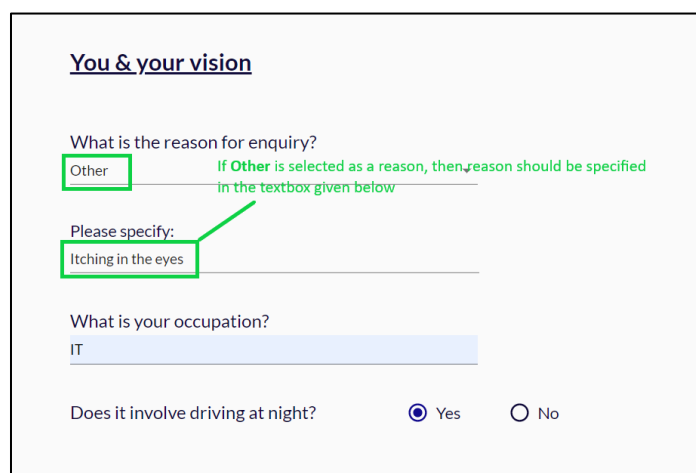
Speciality: Optometrist

Click on **What is the reason for enquiry?** Dropdown → select the **Reason**

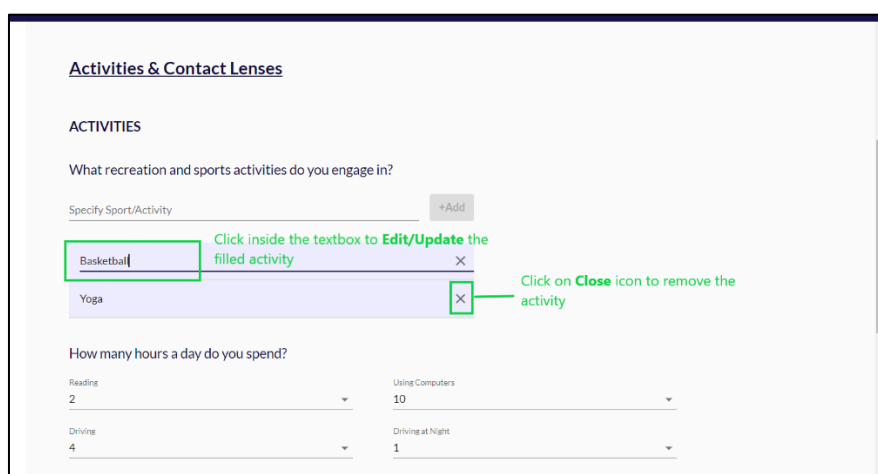


If **Other** is selected as a reason, then the reason should be specified in the textbox below.

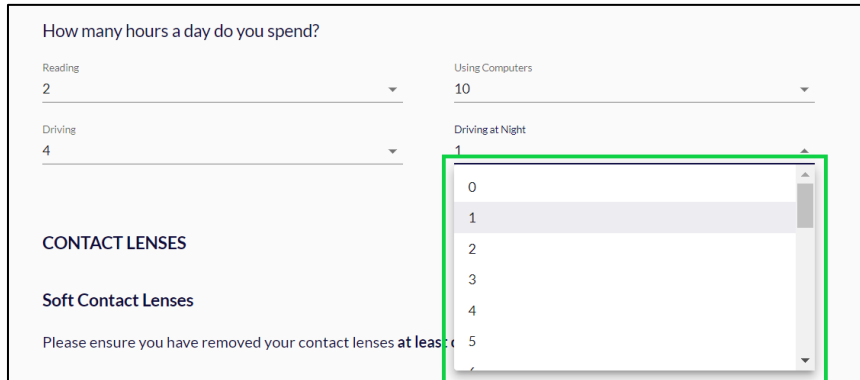
Fill in the **Occupation** → Select **Yes/No** based on an occupation that involves driving at night.



In **Activities and Contact Lenses**, fill in the list of recreation and activities you engage in.



Complete **How many hours a day you spend?** section by selecting a number of hours for each activity.
Click on **Save and Continue** to proceed to the next step.



How many hours a day do you spend?

Reading: 2 | Using Computers: 10

Driving: 4 | Driving at Night: 1

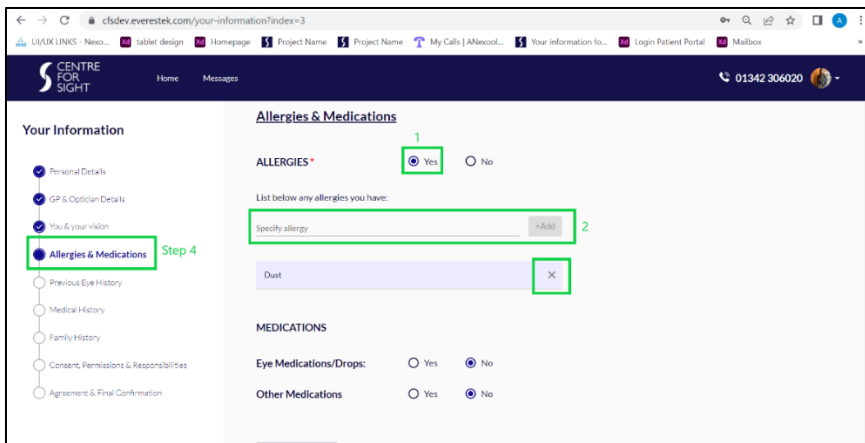
CONTACT LENSES

Soft Contact Lenses

Please ensure you have removed your contact lenses at least

In Allergies and Medications –

Click on **Yes**, if have any allergies → **Specify the allergies** in the textbox below → Click on **Add** button.



ALLERGIES & MEDICATIONS

ALLERGIES ¹

☒ Yes ☐ No

List below any allergies you have:

Specify allergy ²

MEDICATIONS

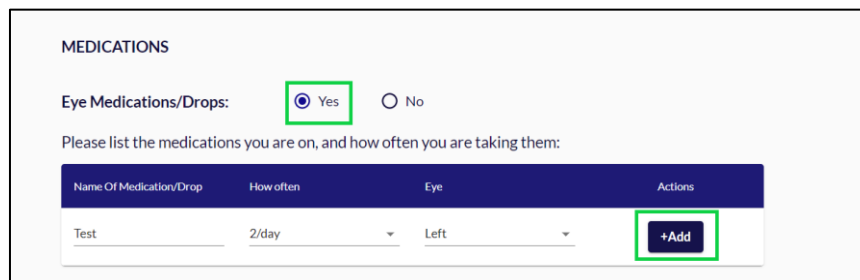
Eye Medications/Drops: ☐ Yes ☒ No

Other Medications ☐ Yes ☒ No

In Medications –

Eye Medications/Drops

In case of active/ongoing medications, click on **Yes** → a blank table containing required details will be displayed which are mandatory to be filled in. Fill in the details in the respective columns and click **Add** button.



MEDICATIONS

Eye Medications/Drops: ☒ Yes ☐ No

Please list the medications you are on, and how often you are taking them:

Name Of Medication/Drop	How often	Eye	Actions
Test	2/day	Left	<input checked="" type="button" value="+Add"/>

After adding the entries, it will be displayed in the format below.

To **Edit/Update** the added medication details, click on the entered text.

Eye Medications/Drops: ☒ Yes ☐ No

Please list the medications you are on, and how often you are taking them:

Name Of Medication/Drop	How often	Eye	Actions
<input type="text" value="Name"/>	<input type="text" value="How often"/>	<input type="text" value="Which Eye"/>	<input type="button" value="+Add"/>
Test	2/day	Left	<input checked="" type="button" value="X"/>

Other Medications ☒ Yes ☐ No

Click on the **Cross** icon, to remove the medication.

Other Medications –

Follow the same instructions for the **Other Medications** section. And click on **Save and Continue**.

Other Medications ☒ Yes ☐ No

Please list the medications you are on, and how often you are taking them:

Name Of Medication	Dose	How often	Condition?	Actions
<input type="text" value="Name"/>	<input type="text" value="Dose"/>	<input type="text" value="How often"/>	<input type="text" value="Condition"/>	<input type="button" value="+Add"/>
Test	once	Evening	itching	<input checked="" type="button" value="X"/>

Previous Eye History –

Click on **No** if there are no previous eye conditions

Click on **Yes**, in case of **past** eye conditions → fill in the **name** of the condition, **affected eye/s** (and select a date from the date picker).

Do you have any EYE CONDITIONS? ☒ Yes ☐ No

List below the eye conditions you currently have or had previously:

Name	Which Eye	Date	Actions
<input type="text" value="test"/>	<input type="text" value="Right"/>	<input type="text" value="04-19-2022"/>	<input checked="" type="button" value="+Add"/>

Have you had any EYE OPERATIONS? ☐ Yes ☒ No

Select a Date from the Datepicker

Eye Operations –

The exact same steps should be followed for this section as well.

Have you had any EYE OPERATIONS? ☒ Yes ☐ No

List below the eye operations you had:

Name	Which Eye	Date	Actions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+Add"/>

Medical History –

Click on **Yes**, where you have one of the medical conditions shown → select a **Year** from the **Year picker**, considering when the disease was diagnosed.

Medical History

Do you have any of the following?

Asthma ☒ Yes ☐ No

Diabetes ☐ Yes ☒ No

Eczema ☐ Yes ☒ No

Hay fever ☐ Yes ☒ No

Heart disease ☐ Yes ☒ No

High Blood Pressure ☐ Yes ☒ No

Rheumatoid Arthritis ☐ Yes ☒ No

Year picker: 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022

Select a Year from the Year picker

Other Medical Conditions –

Fill in the **Name** of the medical condition → Select a date from date picker → Click on **Add**.

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS? ☒ Yes ☐ No

List below the other medical conditions you have:

Name	Date	Actions
<input type="text"/>	<input type="text"/>	<input type="button" value="+Add"/>
Fever	04-30-2022	<input type="button" value="X"/>

Have you had any SURGICAL OPERATIONS? ☐ Yes ☒ No

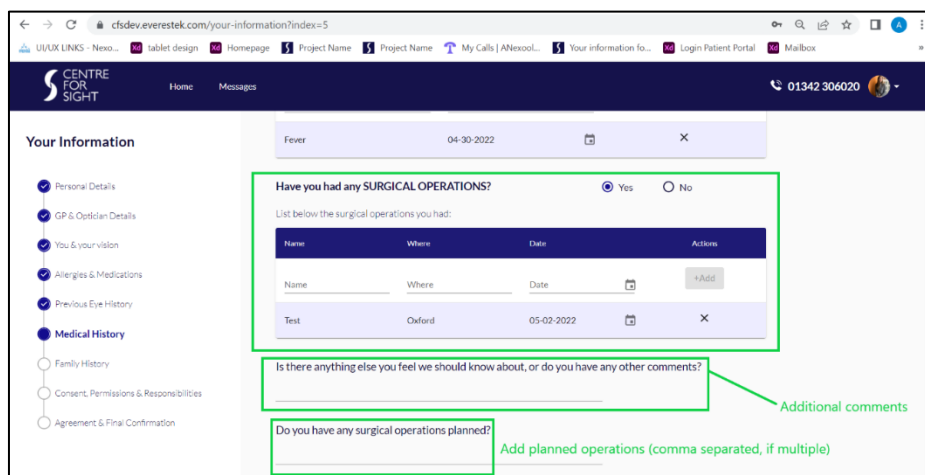
Is there anything else you feel we should know about, or do you have any other comments?

Surgical Operations –

If the patient has had any surgical operations, click on **Yes** → fill in the details and click on **Add**.

To add **comments**, complete the text area below.

In case of **surgical operations planned**, add these in the text area. If multiple, separate with a comma.



The screenshot shows the 'Your Information' form with the 'Medical History' section selected. The 'Surgical Operations' section is highlighted with a green box. It contains a table for listing operations and a text area for comments.

Name	Where	Date	Actions
Name	Where	Date	+Add
Test	Oxford	05-02-2022	X

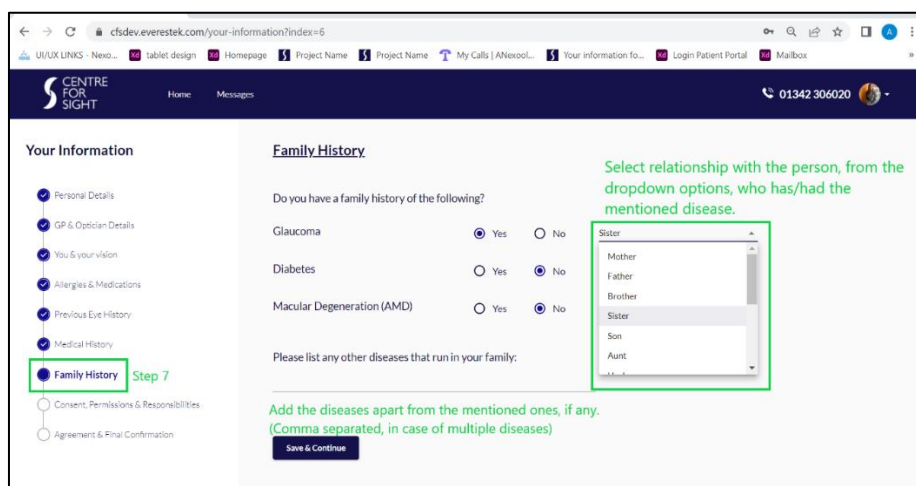
Below the table, there is a text area for comments: "Is there anything else you feel we should know about, or do you have any other comments?". A green box highlights this area with the label "Additional comments".

Below the comments area, there is a text area for planned operations: "Do you have any surgical operations planned?". A green box highlights this area with the label "Add planned operations (comma separated, if multiple)".

Family History –

If there is a family history of listed condition, click on **Yes** → and select relationship.

In case of multiple persons with the same history, choose the closest relationship option.



The screenshot shows the 'Your Information' form with the 'Family History' section selected. The 'Family History' section is highlighted with a green box and labeled "Step 7".

The 'Family History' section contains a table for listing family history conditions and a dropdown menu for selecting the relationship.

Condition	Yes	No
Glaucoma	<input checked="" type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input checked="" type="radio"/>
Macular Degeneration (AMD)	<input type="radio"/>	<input checked="" type="radio"/>

Below the table, there is a text area for other diseases: "Please list any other diseases that run in your family:". A green box highlights this area with the label "Add the diseases apart from the mentioned ones, if any. (Comma separated, in case of multiple diseases)".

Below the text area, there is a dropdown menu for selecting the relationship. A green box highlights the dropdown menu with the label "Select relationship with the person, from the dropdown options, who has/had the mentioned disease.".

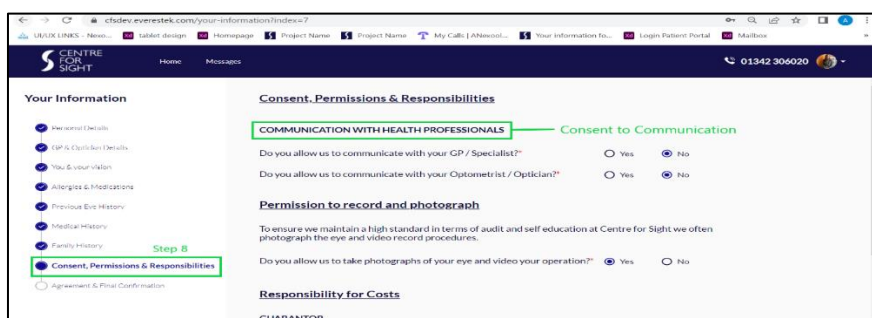
The dropdown menu options are: Sister, Mother, Father, Brother, Sister, Son, Aunt.

If there is a history of any other conditions, apart from those featured, add these in the text area. If multiple, separate with a comma.

Click on **Save and Continue** to proceed to the next step.

Consent, Permissions and Responsibilities

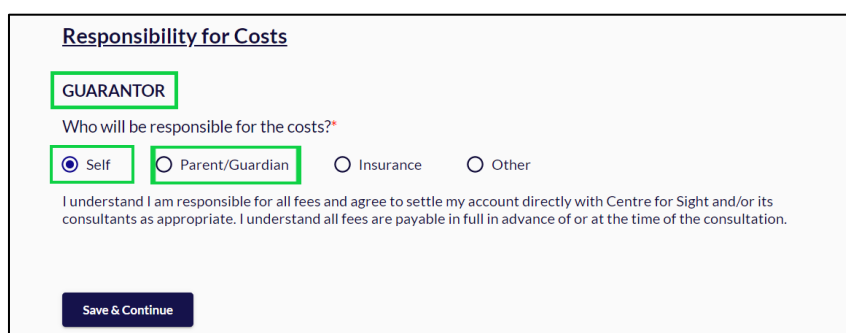
Click on **Yes/No** based on the consents and permissions to be given to CFS.



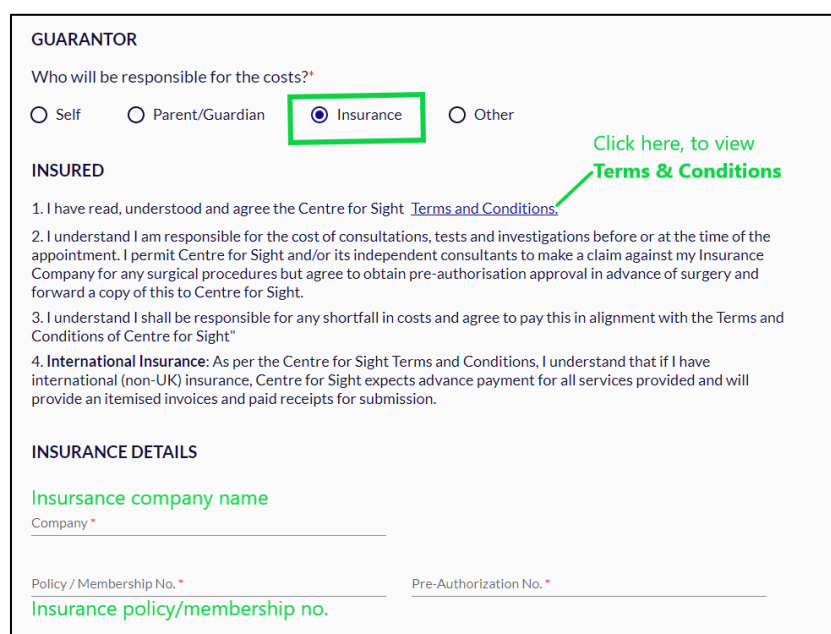
Responsibility for Costs

Select a **Guarantor** out **Self, Parent/Guardian, Insurance, Other**

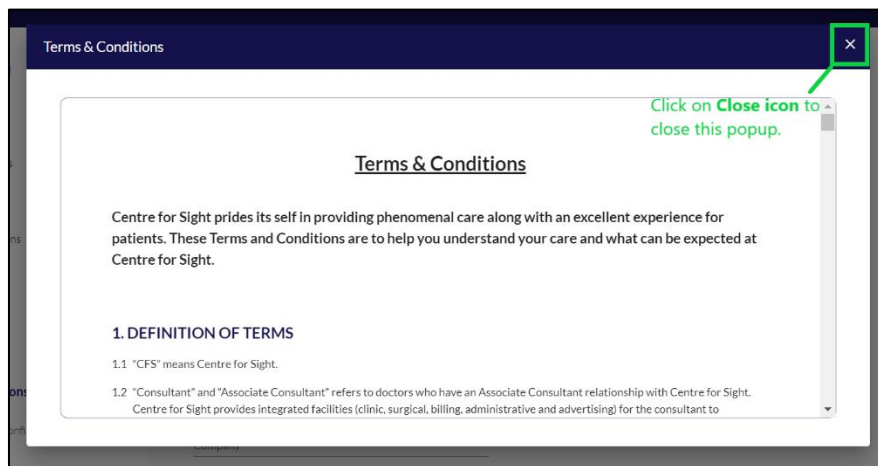
In case of **Self** or **Parent/Guardian** as a **Guarantor**, disclaimer will be as shown below.



In case of **Insurance** as a **Guarantor**, a disclaimer will be as shown below.



Click on **Terms and Conditions** link to view. A popup will be displayed. **Scroll down** to view.



Fill in the **Insurance company name, policy/membership no., pre-authorization no.** after reading and accepting the terms and conditions.

In case of **Other** as a **Guarantor** specify who will be responsible.

Responsibility for Costs

GUARANTOR

Who will be responsible for the costs? *

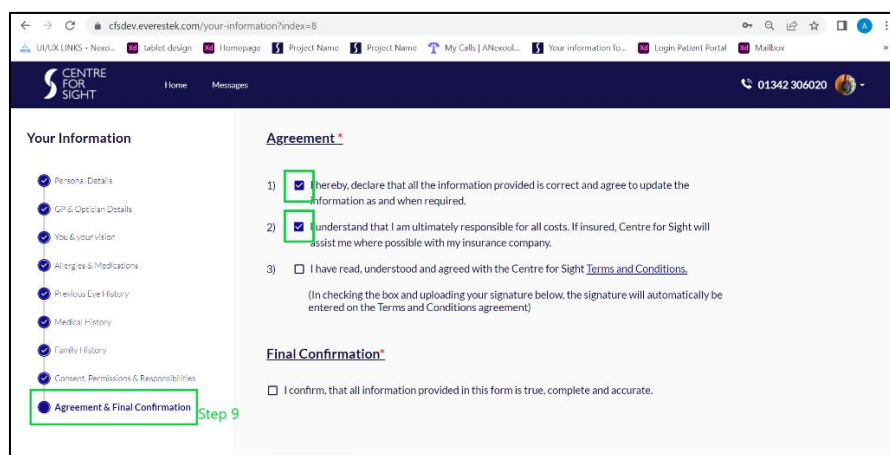
☐ Self
 ☐ Parent/Guardian
 ☐ Insurance
 ☒ Other

Please Specify : *
 Anagha

Click on **Save and Continue** to proceed to the last step.

Agreement and Final Confirmation –

Click on all 3 checkboxes in an **Agreement** section.



After clicking **3rd Checkbox** in the **Agreement** section, a **Terms & Conditions** pop up will be displayed.


After selecting **3rd checkbox**, **Patient Signature** section will be displayed

Click on **Draw** to draw the signature with Mouse. A popup will be displayed to draw the signature.


Click on **Save button** to retain the signature.

When clicked on **Save button**, signature will be stored in the following format

To upload signature, click on **Upload button**, system's **File Explorer** will be opened → Choose **.jpg or .jpeg** file format of **digitally signed signature** → Signature image will be uploaded and displayed as shown below, **along with the time and date**.



Patient Signature

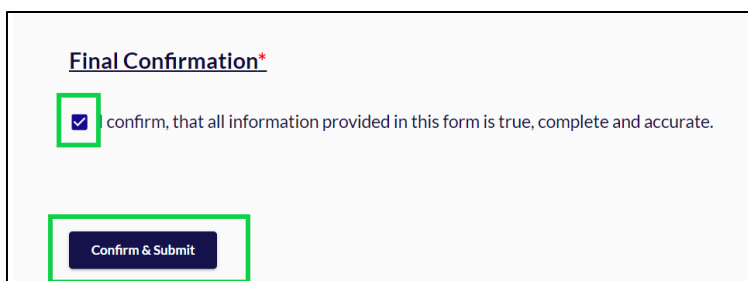


Change

ANAGHA BABAR

05-04-2022
08:57 PM

Click on **Final Confirmation checkbox** → Click on **Confirm and Submit** to complete the final step.

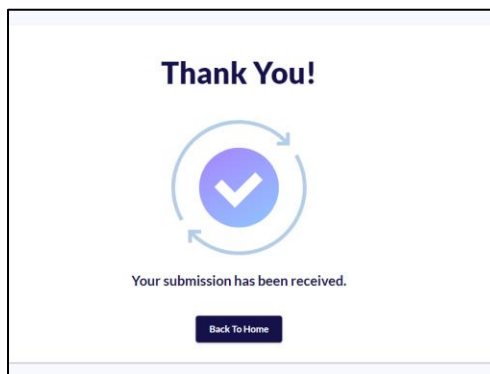


Final Confirmation*


☒ confirm, that all information provided in this form is true, complete and accurate.

Confirm & Submit

After a successful form submission, the following screen will be displayed. Click on **Back to Home** button to return to the **Dashboard**.



Thank You!

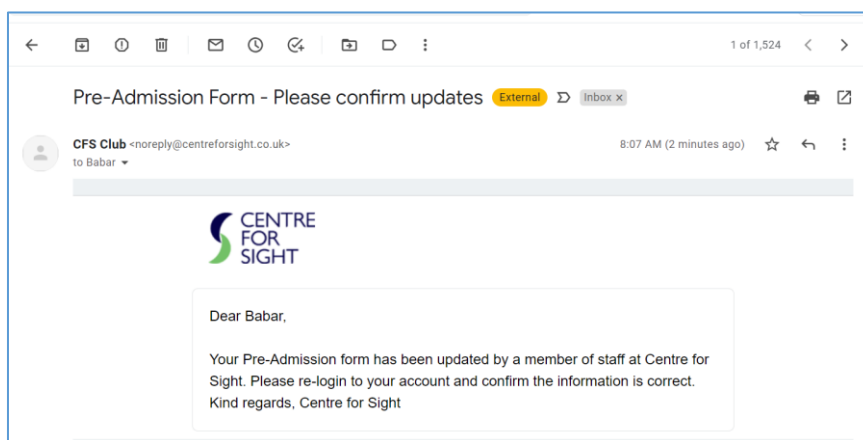


Your submission has been received.

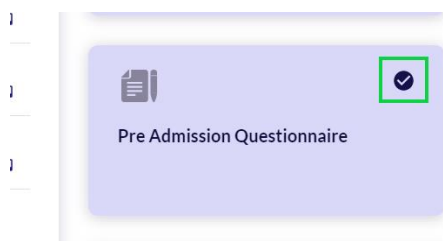
Back To Home

Instructions on how to complete the Pre-Admission Questionnaire

A Centre for Sight staff member will unlock the pre-admission questionnaire when surgery is to be confirmed. An email will be sent to indicate this.



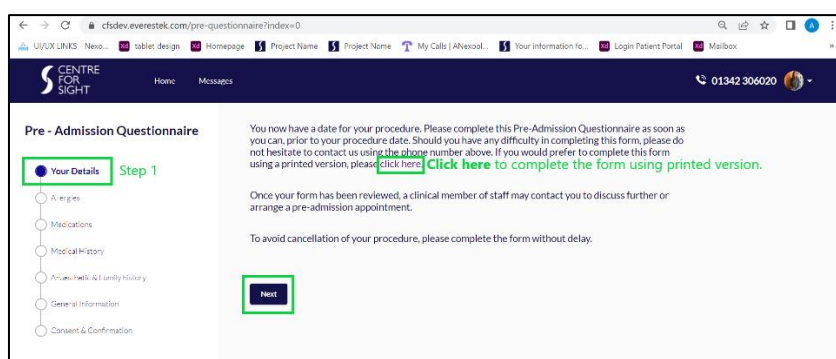
The unlocked form will be displayed on the dashboard as follows. Click on the shown card.



Your Details –

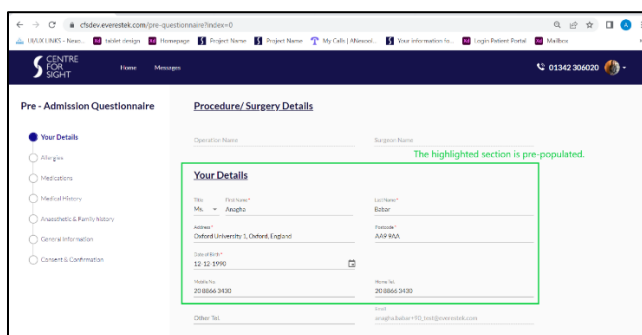
After opening the form, on Step 1 a disclaimer is displayed.

Also, if the patient wishes to fill in the **Printed version** form, click on the **Click here** link given on the same page. Otherwise click on **Next** button to fill in the form.



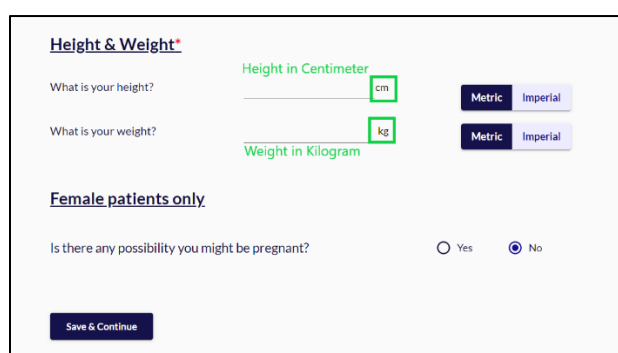
After clicking **Next**, following section is displayed under **Your Details** step.

The highlighted area text appears pre-populated, as these are the common fields across the application.



Height & Weight-

Use metric unit of measurement to fill in the **Height** in **Centimetres** e.g., 162cm & **Weight** in **Kilograms** e.g., 55 Kg



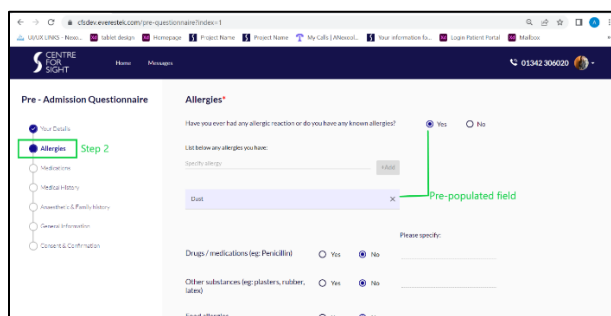
Alternatively, you can click on **Imperial** to switch either or both the units.

Female patients only –

Is there any possibility you might be pregnant? Click on **Yes / No** based on the possibility. Click on **Save and Continue** to proceed to the next step.

Allergies –

In case of allergies from **Drugs/Medications, Other Substances, Food**, click on **Yes** and specify the name. Also, specify the reactions in the text area below. If **No** click on **Save and Continue** and proceed to the next step.



Medications –

Details in this section are pre-populated as they're already filled in Your Information form, Allergies and Medication section.

If a patient wants to make any change here, he/she can go ahead and perform those. The changes made will reflect across the forms.

Medical History –

Instructions and steps for this section are exactly the same as the previous section
After completing this step, click on **Save and Continue** and proceed to the next step.

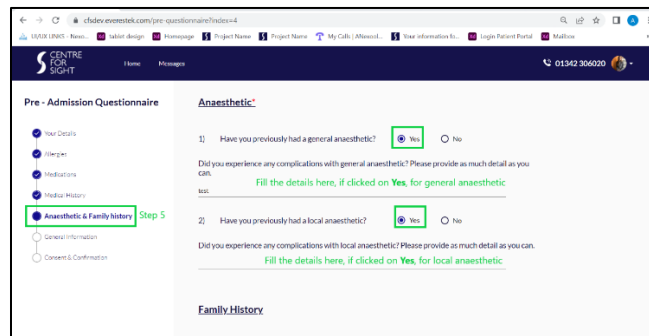
Anaesthetic and Family History –

Click on **Yes/No** based on if you have previously had an **Anaesthetic**

If the patient has had a **general anaesthetic**, click on **Yes** and mention any complications in the text region below.

If the patient has had a **local anaesthetic**, click on **Yes** and mention any complications in the text region below.

In case of **No**, click on proceed ahead.



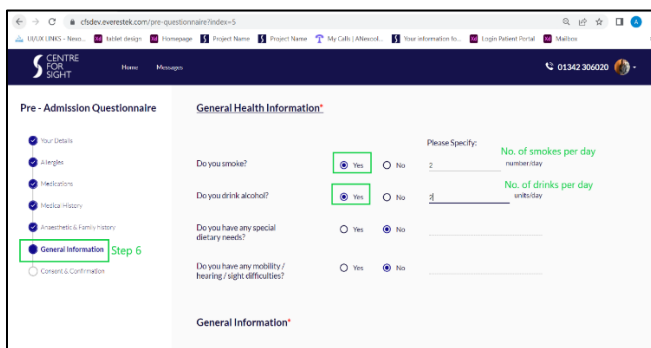
Family History –

Instructions and steps for this section are exactly the same as the Medical History section
After completing this step, click on **Save and Continue** and proceed to the next step.

General Health Information –

Click on **Yes/No** as per the questions. In case of **Yes**, specify the details.

If **no**, then move to the next section.



General Information section –

Click on **Yes/No** as per the questions.

Ensure the Emergency contact no. is completed as it is mandatory.

General Information*

- 1) Please confirm you have a responsible adult to take you home by car and look after you following your operation.
☐ Yes ☒ No
- 2) Please confirm you have a responsible adult to stay with you overnight.
☐ Yes ☒ No
- 3) Type of accommodation
☐ House ☐ Flat on ground floor ☐ Flat accessed by stairs
- 4) Will you be staying in hotel accommodation the night after your surgery?
☐ Yes ☒ No
- 5) Is your travelling time to the hospital less than 1 hour?
☐ Yes ☒ No
- 6) Please provide an alternative emergency contact number

Is there anything you would like to discuss concerning your admission?
☒ Yes ☐ No

Please specify: Mention additional concerns here

[Save & Continue](#)

Click on **Save and Continue**.

Consent and Confirmation –

Based on whether you're a **Parent** or **Carer** or **Guardian** select the appropriate box.

Update the signature, if required. Although this signature change will reflect across the forms. Enter the **Name** below the signature box → Click on **Confirm and Submit** to finish the form.


Pre-Admission Questionnaire

- Your Details
- Surgery
- Medications
- Medical History
- Anaesthetic & Family History
- General Information
- Consent & Confirmation Step 7**

Consent & Confirmation*

I declare that the information given on this form is correct to the best of my knowledge. I understand that any undisclosed information regarding my health may be to the detriment of my surgery or lead to my operation being cancelled.

SIGNATURE
☒ Parent ☐ Carer ☐ Guardian (please select as appropriate)


 [Change](#) Click on **Change** button, if you wish to change the signature. This change will reflect across the forms.

Fill in the Name here.

[Confirm & Submit](#)

After successful form submission the following screen will be displayed. Click on **Back to Home** button to go back to the Dashboard.

Thank You!

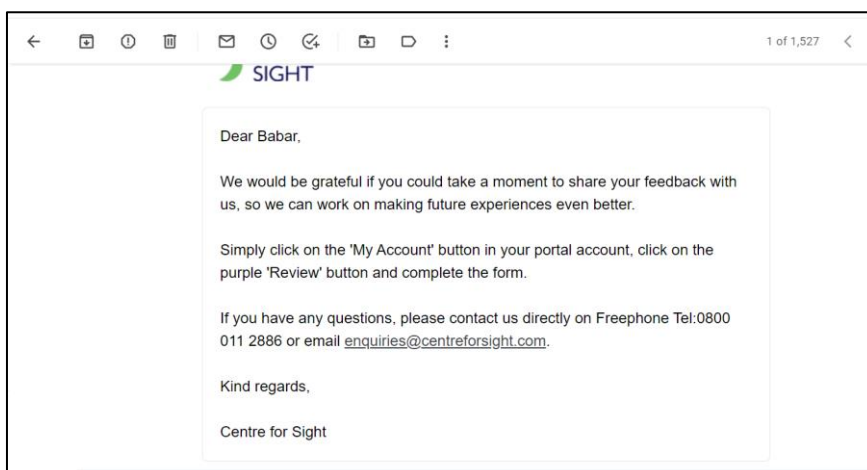


Your submission has been received.

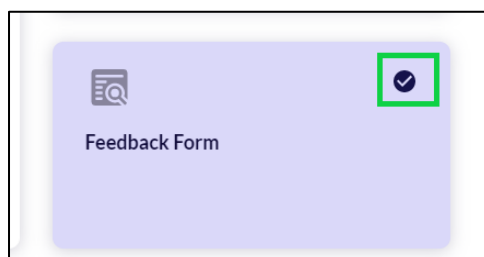
[Back to Home](#)

Instructions on how to complete the Feedback Form

A Centre for Sight staff member will unlock the feedback form after surgery takes place. An email will be sent to indicate this.



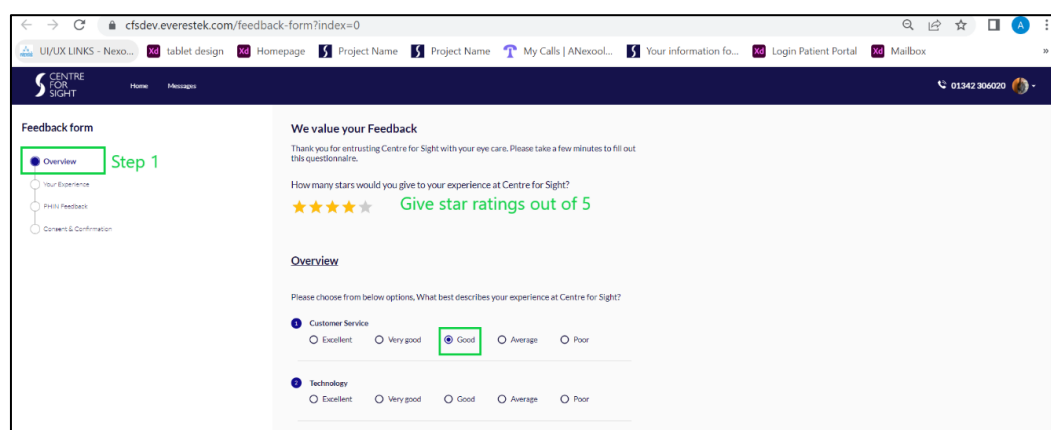
The unlocked form will be displayed on the dashboard as follows. Click on the shown card.



Overview section

Give the **Star Ratings** based on your experience.

Also, choose from **Excellent / Very good / Good / Average / Poor** based on the experience.



If **feedback** is given less than **very good** in any of the points, feel free to drop your feedback comments in the textbox given at the bottom of the same page. Refer to the following image.

Your feedback helps us improve. You have scored us less than "very good" in atleast one of the questions, please let us know how we can do better.

Type here...

Save & Continue

Describe your overall experience at Centre for Sight in the following textbox.

7 Please feel free to comment and elaborate your experience at Centre for Sight

Type here...

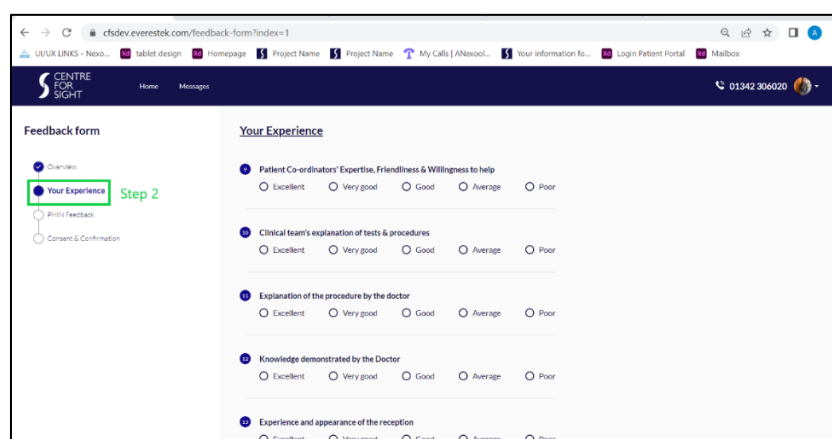
Mention the reason behind choosing and trusting the Centre for Sight

8 Please tell us why you chose Centre for Sight

Type here...

Your Experience section –

Based on experience in the asked areas, choose from **Excellent / Very good / Good / Average / Poor**



The screenshot shows a web browser displaying the Centre for Sight feedback form. The form is titled "Feedback form" and has a sidebar with navigation links: Overview, Your Experience (highlighted with a green box and labeled "Step 2"), Photo Feedback, and Consent & Confirmation. The main content area is titled "Your Experience" and contains five rating questions, each with five radio button options: Excellent, Very good, Good, Average, and Poor.

- 1 Patient Co-ordinators' Expertise, Friendliness & Willingness to help
- 2 Clinical team's explanation of tests & procedures
- 3 Explanation of the procedure by the doctor
- 4 Knowledge demonstrated by the Doctor
- 5 Experience and appearance of the reception

If **feedback** is given less than **very good** in any of the points, feel free to drop your feedback comments in the textbox given at the bottom of the same page. Refer the following image.

Your feedback helps us improve. You have scored us less than "very good" in atleast one of the questions, please let us know how we can do better.

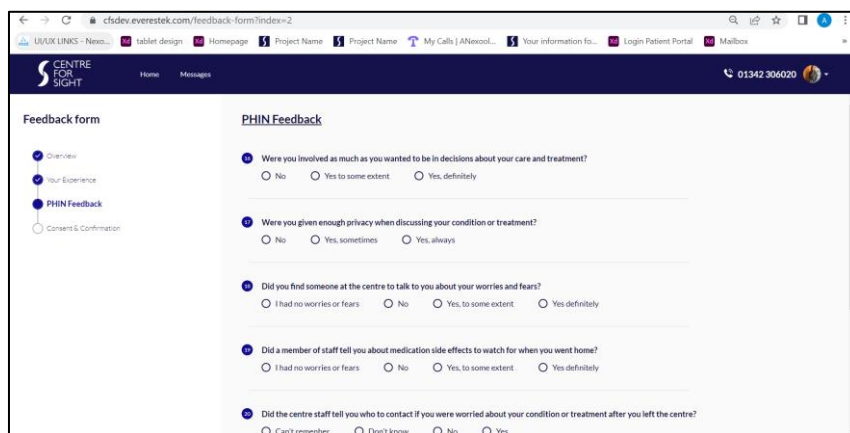
Type here...

Save & Continue

Click on **Save and Continue**.

PHIN feedback section –

Based on the experience, choose appropriate options, on the given screen.



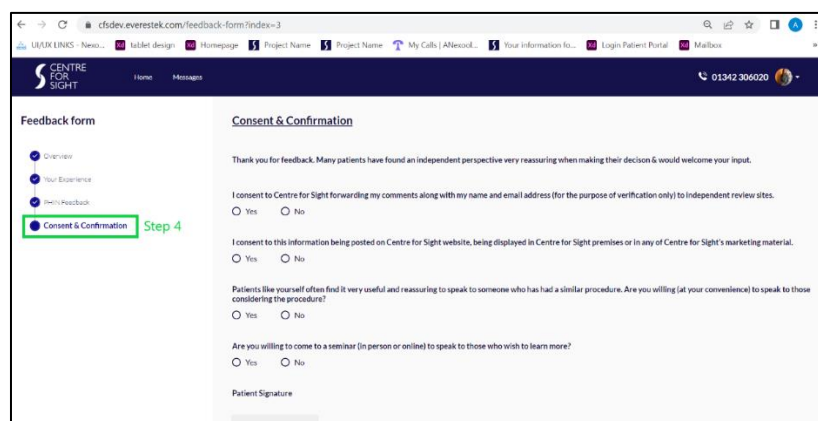
PHIN Feedback

- Were you involved as much as you wanted to be in decisions about your care and treatment?
 - ☐ No
 - ☐ Yes to some extent
 - ☐ Yes, definitely
- Were you given enough privacy when discussing your condition or treatment?
 - ☐ No
 - ☐ Yes, sometimes
 - ☐ Yes, always
- Did you find someone at the centre to talk to you about your worries and fears?
 - ☐ I had no worries or fears
 - ☐ No
 - ☐ Yes, to some extent
 - ☐ Yes definitely
- Did a member of staff tell you about medication side effects to watch for when you went home?
 - ☐ I had no worries or fears
 - ☐ No
 - ☐ Yes, to some extent
 - ☐ Yes definitely
- Did the centre staff tell you who to contact if you were worried about your condition or treatment after you left the centre?
 - ☐ Can't remember
 - ☐ Don't know
 - ☐ No
 - ☐ Yes

Click on **Save and Continue** to move to the last step.

Consent and Confirmation section –

Based on the consents that you allow or disallow, click on **Yes/No** respectively.



Consent & Confirmation

Thank you for feedback. Many patients have found an independent perspective very reassuring when making their decision & would welcome your input.

I consent to Centre for Sight forwarding my comments along with my name and email address (for the purpose of verification only) to independent review sites.

☐ Yes ☐ No

I consent to this information being posted on Centre for Sight website, being displayed in Centre for Sight premises or in any of Centre for Sight's marketing material.

☐ Yes ☐ No

Patients like yourself often find it very useful and reassuring to speak to someone who has had a similar procedure. Are you willing (at your convenience) to speak to those considering the procedure?

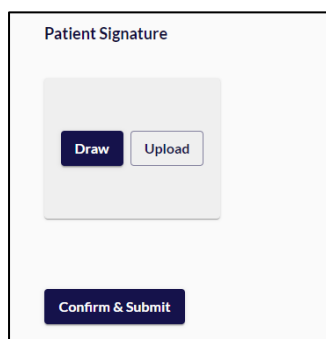
☐ Yes ☐ No

Are you willing to come to a seminar (in person or online) to speak to those who wish to learn more?

☐ Yes ☐ No

Patient Signature

Patient Signature



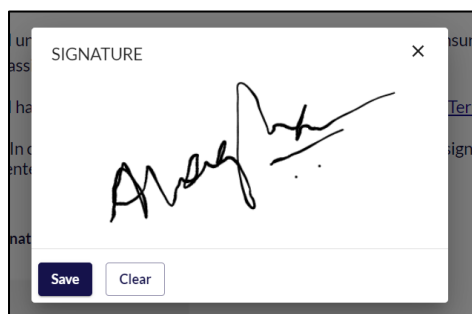
Patient Signature

Draw Upload

Confirm & Submit

Click on **Draw** button to draw the signature with the mouse. The following pop-up will be displayed to draw the signature.

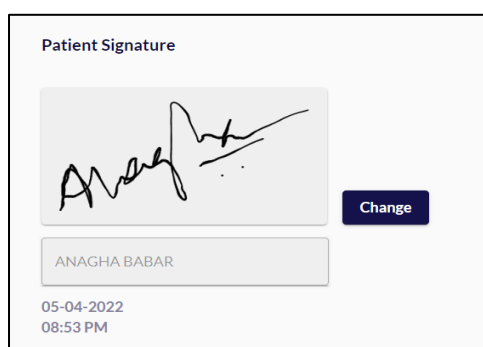
Click on **Save button** to retain the signature.



SIGNATURE

Save Clear

When clicked on **Save button**, signature will be stored in the following format

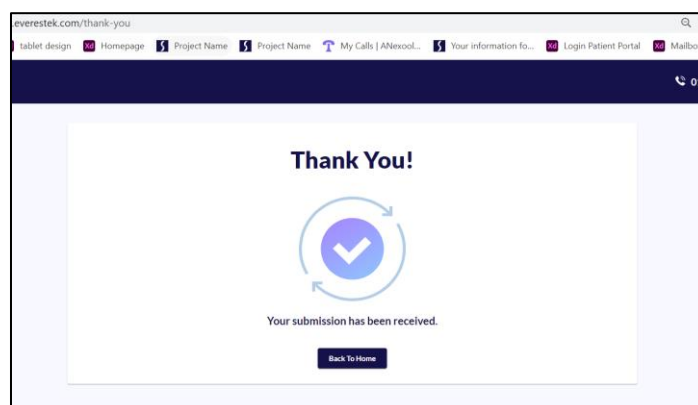


Patient Signature

Change

ANAGHA BABAR

05-04-2022
08:53 PM



Thank You!

Your submission has been received.

Back To Home

Frequently Asked Questions

What do I need to use the patient portal?

All Centre for Sight patients are eligible to register for CFS Club – Patient Portal. You will need a device (PC, Mac, tablet, or phone) with internet access, an up-to-date browser, and an email address.

How much does it cost?

As a service to our patients, there is no charge for use of CFS Club - Patient Portal.

When will I receive a reply on CFS Club?

Patient coordinators will reply to your query as soon as they can during work hours Mon-Fri 9am-5pm. If you need to contact us urgently, please call us on 01342 306020 and let the person who answers the call know that it is urgent and is an emergency and how you can be contacted back.

What kind of information can be communicated through the patient portal?

The portal is intended to send and receive non-emergency information to and from Centre for Sight patients securely. Within the portal, use the tabs near the header to view appointment letters, surgery letters, forms that needs filling, test results (if requested).

How do I access the CFS Club - Patient Portal website?

Go to www.centreforsight.com in any internet browser and tap / click on CFS CLUB in the header. Alternatively, tap / click on <https://cfsclub.centreforsight.com/patient-login> to login.

How do I access my account?

You will receive an email to register for your Patient Portal account. After submitting the information, you will receive a confirmation email verifying the status of your account. Alternatively, CFS staff can create your account when you visit the centre. Enter your email address and password to log in.

How soon can I expect answers to questions I send within the portal?

Please allow up to two business days to receive a response from Centre for Sight staff. Depending on the nature of the contact and volume of communication, a longer period may be required before you receive a response. If you need a response more quickly, please call us directly on 01342 306020 or email us on admin@centreforsight.com.

It is important not to use the patient portal to deal with urgent matters. In case of emergency, dial 999 or go to the nearest A&E.

Is the patient portal secure?

Communications through the patient portal are carried over a secure, encrypted connection. All medical information is stored securely in the electronic medical record system.

Can I access my child's or other family member's health information using the patient portal?

With proper authorisation and strict verification, family members may access and manage selected family members' health information. Minors (less than 18 years old) may be registered as patients with the portal, and parents will be granted access to their information. Please let us know if this type of account is required.

Can I update the medical information in my patient portal?

The portal is a location for you to keep and update personal health information. Please be aware that when you add, change, or delete your information, it does not transfer to your official medical record. Therefore, please be sure to share important changes directly with Centre for Sight by sending a message.

What if I forget my Patient Portal password?

Please contact us by email admin@centreforsight.com to request a new password.

Can I change my password?

Yes. After logging in, tap / click the "My Account" link at the top of the screen and then select "Preferences." Select the "Login Preferences" menu to access and change login information. Be sure to tap or click "Save" when you have completed your changes.

What is the Privacy Policy?

Centre for Sight complies with all regulations regarding privacy of patient records. Additionally, your name and email address will never be sold or leased. You may view the full privacy policy by tapping / clicking on the link - <https://www.centreforsight.com/privacy-policy>

How do I log out of the patient portal?

It is important, especially if using a public or shared computer / tablet / phone, to log out when you have finished using CFS Club. Tap or click on "Logout" button at the top right of the screen. If there is no activity for 10 minutes or the keyboard remains idle, automatic log-out will occur and any information not saved or sent will be lost.

How do I save a shortcut to the CFS Club - Patient Portal on my phone / tablet / computer?

Android phones and tablets: Launch Chrome for Android and open the [CFS Club](#) web page. Tap the menu button and tap Add to home screen. You'll be able to enter a name for the shortcut and then Chrome will add it to your home screen. The icon will appear on your home screen like any other app which can be dragged and put wherever you like.

Other popular Android browsers also offer this feature. For example, Firefox for Android can do this if you tap the menu button, tap the Page option, and tap Add to Home Screen.

iPhone, iPad & iPod Touch: Launch the Safari browser on Apple's iOS and open the [CFS Club](#) web page. Tap the Share button on the browser's toolbar — that's the rectangle with an arrow pointing upward. It's on the bar at the top of the screen on an iPad, and on the bar at the bottom of the screen on an iPhone or iPod Touch. Tap the Add to Home Screen icon in the Share menu. You'll be prompted to name the shortcut before tapping the Add button. The shortcut can be dragged around and placed anywhere, including in app folders — just like a normal app icon. When you tap the icon, it will load the website in a normal tab inside the Safari browser app. Other browsers, like Chrome for iOS, don't offer this feature.

Windows Phone: The process is similar on Windows Phone. First, open the [CFS Club](#) web page in Internet Explorer. Tap the More (...) button and tap Pin to Start in the menu that appears. Windows Phone 8.1 supports live tile updates from websites that have configured the feature, just as Windows 8 does. If you have another type of smartphone or tablet, it probably has this feature, too. Just open its browser and look in its menu for an option named something like "Add to home screen" or "Pin to home screen."

Windows PC: Right click on the mouse and a menu pops up. Then click on "create a shortcut." A window will pop up that says, "a shortcut to the current page" will be placed on your desktop "click on "OK."

Apple Mac: Go to the webpage and right click choose on "create shortcut."