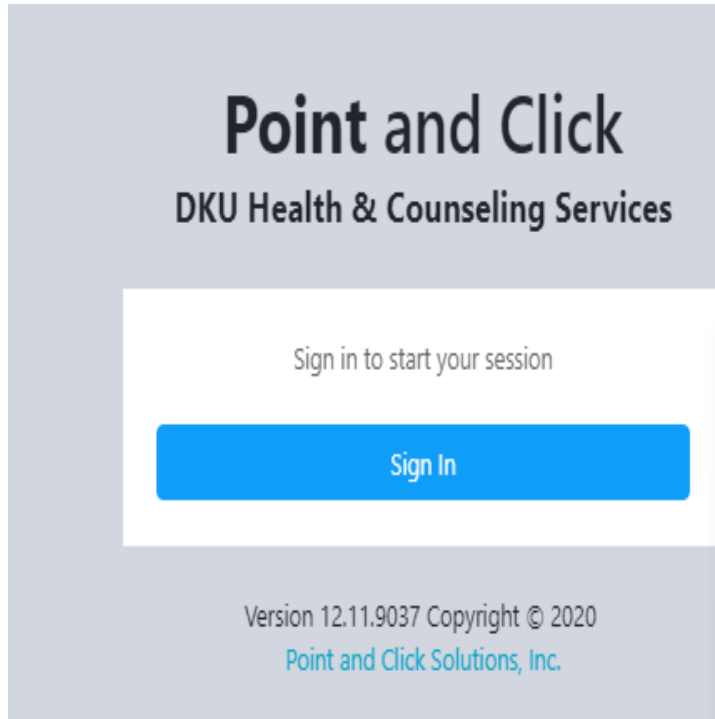


An aerial architectural rendering of a modern university campus. The central focus is a large, multi-story building with a white facade and a flat roof, identified as the Medical Service Point. To its right is a long, low building with a glass facade. The campus is surrounded by lush green trees and a winding river or canal in the foreground. Other smaller buildings and parking areas are visible in the background.

Medical service Point and click for Students

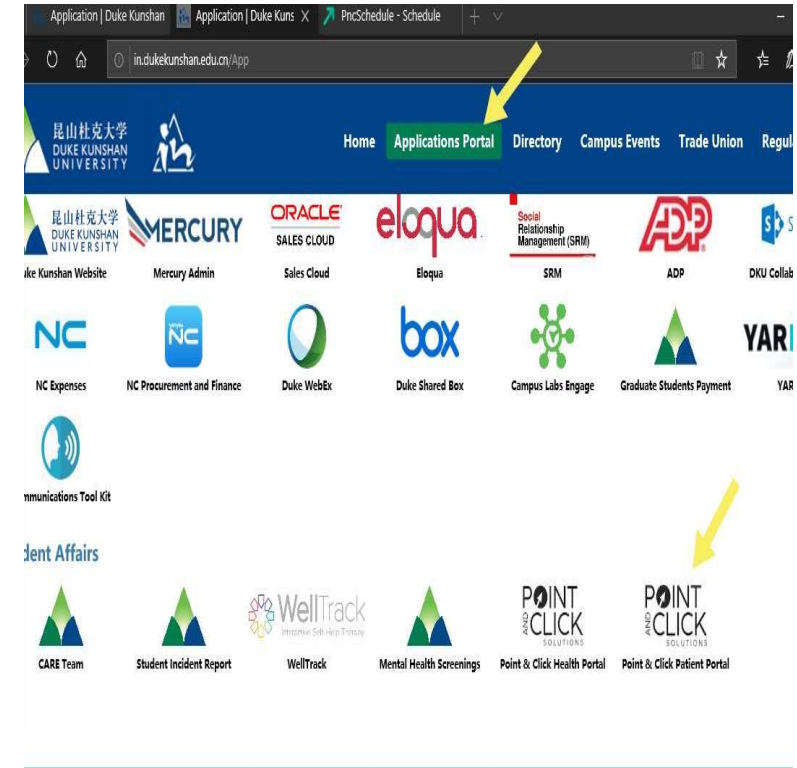
# How to Sign in

1. <https://patientportal.dukekunshan.edu.cn/>

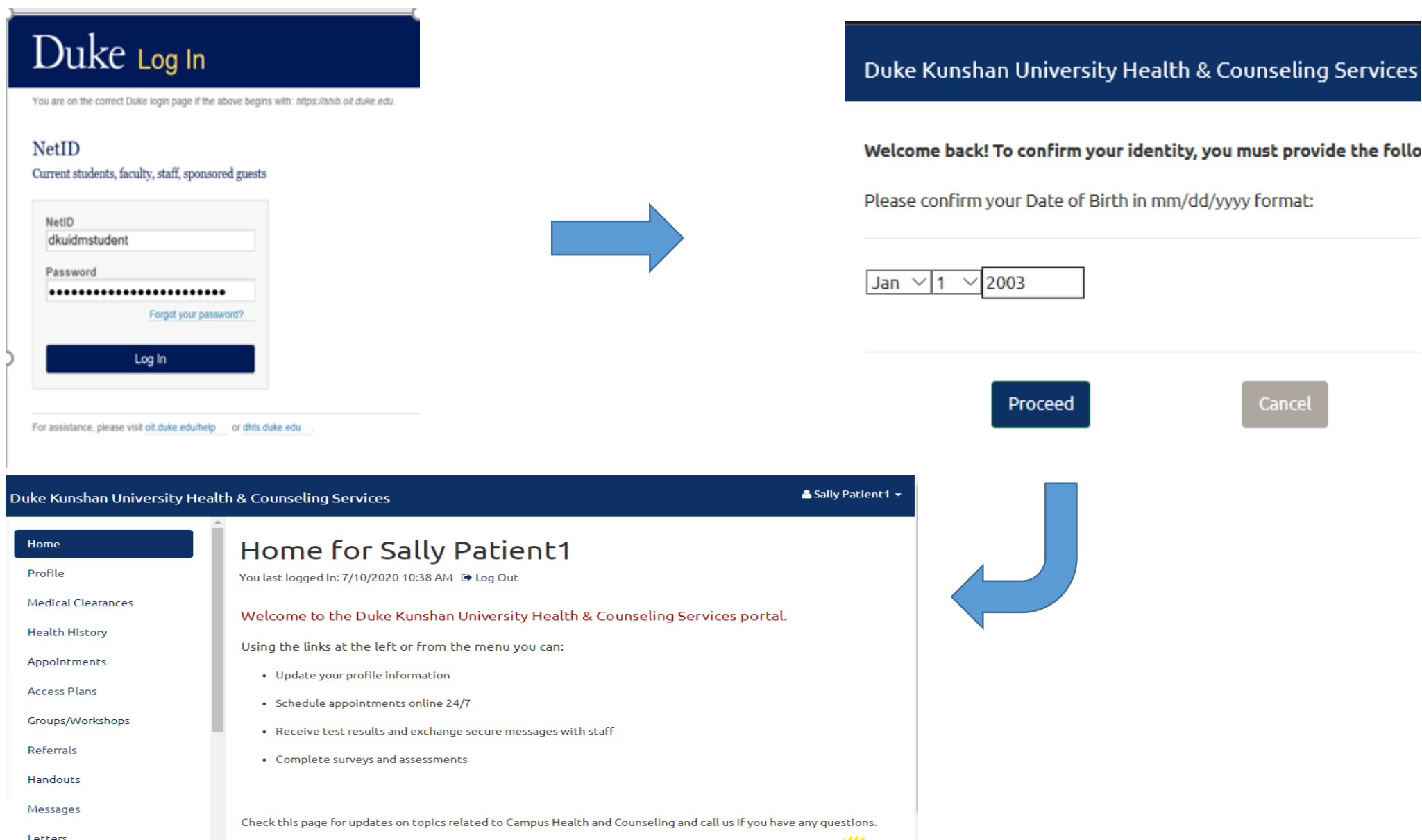


OR

2. Campus intranet applications Portal Point and click



Log in with your Net ID and Password, fill Your DOB for confirmation, then click “proceed”.





# Profile

Click “edit” to complete your profile correctly

---

## Profile for Sally Patient1

Date of Birth:	January 01, 2003	
Email Address:	patient1@test.edu	
Preferred Name:	Sally	Edit
Gender Identity:	Non-binary	Edit
Pronouns:	They, Them, Theirs	Edit
Local Phone:	<a href="#">(800) 555-1212</a>	Edit
Mobile Phone:	34677	Edit
Text Messaging:	Enabled	Edit

# Medical clearances

1. Click “update” ,then read the consent detail information and click “submit Final” to sign the consent .

Attention : You can only get medical service after signing HS Patient Rights , Responsibilities , and Consent to medical care .

Home

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1. Enter the dates of immunization for **all** immunizations

2. Upload a copy of your immunization record **(Required)**

3. Complete your health history

Please note: It is not sufficient to just upload your immunization record requirements.

Overall Clearance Status: Not Satisfied

Items required for clearance:

Clearance	
CAPS Minor Consent	<div>Update</div>
Health Minor Consent	<div>Update</div>
HS Patient Rights, Responsibilities and Consent to Medical Care	<div>Update</div>
Immunization Record	<div>Update</div>
Measles	<div>Update</div>

your health.

It is your responsibility to make sure your clinician understands your health concerns.

It is your responsibility to consider the information you are given about your care.

It is your responsibility to yourself and your clinician, if you agree to a course of treatment, to follow including completing medication and returning for follow-up appointment.

It is your responsibility to be cost conscious, to use the CHCS wisely and to pay any bills promptly, services obtained outside of CHCS are your financial responsibility.

Acknowledgement & Consent

I understand that the information in my medical records will be kept strictly confidential, and securely.\*\*

I acknowledge that the personal health information will be protected and not disclosed to other personnel.\*\*

I am giving permission to the DKU doctors, nurses, physician assistants, and their designates to provide care\*\*

Submit Final


Click here to submit the final content of the form  
(You cannot change items after the form has been submitted.)

Cancel

Click here to cancel entering the form  
(Currently entered changes will not be saved.)

2.For those who under 18 years old ,please click “update” for Health Minor consent ,download the 18 parent/guardian medical consent and ask your parent/guardian to sign ,then upload the form in the system.

1 of 1



昆山杜克大学  
DUKE KUNSHAN  
UNIVERSITY

Please Print Clearly

Name of Student: \_\_\_\_\_Date of Birth: \_\_\_\_\_

DKU ID: \_\_\_\_\_Email Address: \_\_\_\_\_

Name and Phone Number of Emergency Contact: \_\_\_\_\_

Under 18 Parent/Guardian Medical Consent Form

Hereby I \_\_\_\_\_ [Printed Name of Student's Parent/  
Guardian], as the student's guardian, authorize Duke Kunshan University ("DKU") Student  
Health Services as my child's health care proxy to make all health care decisions as may be  
considered necessary or advisable by the physicians at DKU Student Health Services for the  
student when he/she receives treatment in DKU Student Health Services. These decisions  
include but are not limited to giving consent to various medically related diagnosis, procedures  
and treatments.

I understand that this authorization will remain in effect until the student reaches age 18.

\_\_\_\_\_

\_\_\_\_\_

Signature of Student's Parent/Guardian

Date

Health Services Minor Consent

×

Health Services Minor Consent **Upload Needed**

Download the Health Services Minor Consent form if you will be under 18 and  
will utilize Health Services. Have a parent or legal guardian complete the form  
and upload it here.

Download

PreviewDownload

Upload

Upload

Status: Upload Required

Cancel

Save

3.Click “immunization record” then click “upload” to upload your immunization record (For international students and HTM students only).

You will find the Status will change “Compliant” if you complete the clearance correctly

Immunization Record

Immunization Record **Upload Needed**

Please use the upload button to submit your form.


Upload Received 4/8/2020 8:50 AM

Show Uploaded Document

Status: Upload Required









Additional Uploads

Upload



CancelSave

Items required for clearance:

Clearance		Status	Details
CAPS Minor Consent	Update	 Not Compliant	No Data 
Health Minor Consent	Update	 Not Compliant	No Data 
HS Patient Rights, Responsibilities and Consent to Medical Care		 Compliant	Satisfied 
Immunization Record	Update	 Not Compliant	No Data 

# Health History

- 1. Click “additions/changes are needed to updated your new medical history: allergy , medication , surgeries...
- 2. Click “add” to update your health history
- 3. Always click “save” to update your new information

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**Health History**

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Health History for Sally Patient1

You last reviewed your health history on: 7/10/2020 7:10 AM

Please review your allergies, medications, and personal health history below and ch

Additions/changes are needed

Looks good

Allergies

The Item You Are Allergic To	Type of Reaction
Pollen; Reaction: sneezing, itchy eyes; Onset: childhood (Submitted)	
Air freshener	Difficulty Breathing

Medications

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Air freshener

Difficulty

Add

No Known Allergies

Medications

Name of Medication

ALPHACLAV DUO 500/125, ALPHACLAV DUO FORTE 875/125

Add

No Current Medications

Medical Conditions



# Appointments :

1.click “schedule an appointment” ,then select “health service”

The image displays two screenshots of the Duke Kunshan University Health & Counseling Services website, illustrating the appointment scheduling process.

**Left Screenshot:** The page title is "Appointments for Sally Patie". A blue button labeled "Schedule an appointment" is visible. Below it, a message states: "Please be sure to fill out your Visit Questionnaire before your appointment". Under the heading "Currently scheduled appointments", there is a list item: "Tuesday, July 14, 2020 2:20 PM with GAO, HUI (MONA) MD for a PC visit at Health Services Rm 1024". Below this, it says "Checked in: Tuesday, July 14, 2020 12:52 PM". The left sidebar contains links: Home, Profile, Medical Clearances (Not Satisfied), Health History, Appointments (highlighted), Access Plans, and Groups/Workshops.

**Right Screenshot:** The page title is "Please select the department in which you would like to be seen". Below it, a message states: "If you have an **urgent condition**, you should seek emergency services. If you believe that you need to be seen today, and do not have an appointment, please select one of the following options." Under the heading "Select One", there are two radio button options: "Health Services" and "Counseling and Psychological Services". At the bottom right, there are two buttons: "Continue" (highlighted) and "Cancel". The left sidebar contains links: Home, Profile, Medical Clearances (Not Satisfied), Health History, Appointments (highlighted), Access Plans, and Groups/Workshops.

2. Select your visit type , then Select your visit reason

Duke Kunshan University Health & Counseling Services

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Please select the type of appointment that you would like to schedule

Select One

- ☐ Nurse Visit (Lab Test, Wound Care, Medical Supply, Vitals Check)
- ☐ Sick Visit
- ☐ Non-Urgent Visit
- ☐ Couple Contraceptive Consult

Continue Cancel

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Specify Appointment Reason

PC Same Day Visit

Select Reason:

- ☐ Abdominal Pain
- ☐ Allergic Reaction
- ☒ Cough
- ☐ Diarrhea
- ☐ Dizziness
- ☐ Fainting
- ☐ Fever
- ☐ Headache
- ☐ Nausea
- ☐ Sore Throat
- ☐ Urinary Symptoms
- ☐ Vomiting

Continue Cancel

### 3. Confirm your contact information , then enter your callback Number

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### Confirm Contact Information

Please confirm your contact information. It is very important that this is accurate.

Email Address: patient1@test.edu

Edit Email Address

Local Phone: (800) 555-1212

Edit Phone Number

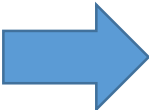
Local Address: 1 Any Street gfdsgf

Edit Address

Anytown, MA 12345

Continue

Cancel



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### Callback Number

Please enter a callback number where you can be reached in case of an emergency.

Callback Number:

123456

Continue

Cancel

4. Select the appointment slot, and click “continue”.

Confirm the appointment detail ,date/time/provider..... Then click “schedule”

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Schedule Appointment

Appointments available to book via the web:  
For: 6/23/2020  
Visit Type: PC SAME DAY  
Specified Reason Code:  
- Cough

Continue

Cancel

Select Appointment

<input type="radio"/>	Tuesday, June 23, 2020 11:00 AM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 11:20 AM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 11:40 AM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:00 PM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:00 PM	(20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:20 PM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:20 PM	(20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:40 PM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:40 PM	(20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:00 PM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:00 PM	(20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:20 PM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:20 PM	(20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:40 PM	(20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024

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Almost there...

Please confirm the appointment date and time:

Date/Time: Tuesday, June 23, 2020 11:40 AM  
With: GAO, HUI (MONA) MD  
Location: Health Services Rm 1024  
Reason Code: Cough  
Back Number: 123456

Schedule

Retry

Cancel

Schedule the selected appointment.  
Proceed to Visit Questionnaire

Return to the previous page  
and select another appointment.

Cancel selection of this appointment,  
and return to your appointment listing.

You must complete a visit questionnaire prior to your appointment.  
Please fill out the form  
as best as possible at this time.  
Please fill out the questionnaire at this time.

5.Fill the related questionnaire , and Click “Submit Final”

This questionnaire is only for the specific disease.

6. Congrats , you got an appointment !

Duke Kunshan University Health & Counseling Services

Visit Questionnaire

This information may not be reviewed until your visit and will be discarded if you cancel or no :

Diabetes Questionnaire

Please complete this form prior to being seen for your appointment.

When were you first diagnosed with diabetes?

What type of diabetes do you have?

What current diabetes medications you utilize?

Are you experiencing any of the following problems?

Fatigue

Weight gain or loss

Blurred vision

Increased hunger

Numbness or decreased sensation

Increased thirst

Shortness of breath

Increased urination

Chest pain

Frequent urination at night



Do you have any family history of heart disease?

Do you have any family history of blood clotting problems?

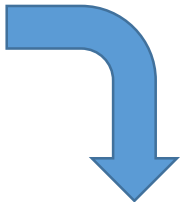
Do you have any family history of high blood pressure or stroke?

Comments

~Thank you~  
7/6/2014

Submit Final

Click here to submit the final content of the form  
(You cannot change items after the form has been submitted.)



th & Counseling Services

All Done!

You have successfully booked the following appointment:

PC SAME DAY  
6/23/2020 11:40 AM  
With GAO, HUI (MONA) MD  
At Health Services Rm 1024

Continue



# Referrals

Click “referrals” to review the referral letter from your health provider ,you can print it out as needed

Duke Kunshan University Health & Counseling Services

Sally Patient1

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Referrals for Sally Patient1

Date	Type	Provider	Diagnoses	Status	
5/15/2020		Huashan Worldwide Medical Center	Allergic rhinitis, unspecified	PENDING	<div>View</div>
4/14/2020		Jen Ching Memorial Hospital VIP department	Acute upper respiratory infection, unspecified	PENDING	<div>View</div>
4/8/2020		Shanghai Jiahui International Hospital	Puncture wound without foreign body, right ankle, subsequent encounter	PENDING	<div>View</div>
3/13/2020		Allergy/Immunology	Nasal congestion	PENDING	<div>View</div>
3/12/2020			Burn of unspecified degree of right ankle, initial encounter	PENDING	<div>View</div>

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Language: Default

DKU Campus Health Services  
8 Duke Ave, Kunshan City, Suzhou City, Jiangsu Province, China, 215316



昆山杜克大学  
DUKE KUNSHAN UNIVERSITY

Date: 5/15/2020

Referral Form

**Patient Information:**

**Patient Name:** Patient1, Test

**Patient DOB:** 1/1/2003 (Pediatric)

**Sex:** M

**Date:** 5/15/2020

**Insurance Info:** N/A

**Ordering Provider:** TESTACCT TEST, PROVIDER 2  
No. 8 Duke Avenue, Kunshan

**Phone:**

**Fax:**

**Diagnosis:**

**Patient #:** T001

**Patient Address:** 1 Any Street  
Anytown, MA 12345  
(Ph: (800) 555-1212), Anytown, MA 12345

**Mobile Phone:**

**Encounter Number:** P71-53

**Referred To:** Huashan Worldwide Medical Center 8th Floor, Outpatient Bldg. 1, Shanghai, 200040 Ph: ; Chiropractic Practice  
Organization: Huashan Worldwide Medical Center  
Specialty: Chiropractic Practice

# Handout

We will sent some related handout to you according to your medical condition, please read the handout after see the doctor .

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Handouts for Sally Patie

• Abdominal Pain Follow-up Instructions Dismiss

• Alcohol Facts Dismiss

• Allergies to Food Dismiss

• Wound Care Dismiss

• Upper Respiratory Infection (URI) Dismiss

## Abdominal Pain Follow-up Instructions

Your clinician does not think it is necessary for you to be admitted to the hospital at this time because the cause of abdominal pain is very easy to recognize; at other times it may be one of the more difficult diagnoses to make. So it is important for you to be aware of and watch for the following symptoms:


### Watch for These Symptoms

We will ask that you watch for the development of the possible symptoms listed and report them to your clinician for additional medical attention if:

- The pain becomes worse, sudden, sharp, or changes location.
- You have an increase in fever or develop shaking chills, or develop a fever.
- You vomit many times or your vomiting persists.
- You see blood in your urine, vomit, or bowel movements.
- You see coffee grounds-appearing vomit; or maroon or tarry black bowel movements.
- You move your bowels many times; or your bowel movements stop (become constipated) or you cannot pass gas, especially if you are also vomiting.
- Your skin or the whites of your eyes turn yellow.

# Message

1. Click the Message to read the message from clinic , You may also reply the message to discuss the medical issue with clinic staff


 Duke Kunshan University Health & Counseling Services

### Secure Messages Inbox

New Message

Refresh

Read	From	Date	Subject
✓	TEST, NURSE	5/8/2020 9:09 AM	<div>Read</div>
✓	TEST, PROVIDER 1	3/13/2020 7:05 AM	<div>Read</div> Te

 Duke Kunshan University Health & Counseling Services

### Secure Messages Message Details

**From:** TEST, NURSE

**TO:** Patient1, Test

**Message Type:** Communication

**Priority:** Normal

**Date:** Friday, May 8, 2020 9:09 AM

**Subject:**

**Attachments:**

**Message Text:**

Hello,

Just checking in to see how you are.

NURSE TEST

Reply

Close

2.Click “new message” to sent a message to your health provider, Select the communication option, then click “continue”.

Select the recipient and text your message , you may also put attachment(medical document from the other facility....) ,then click “sent”.

We’ll contact with you ASAP, if any emergency , please call us directly.

Duke Kunshan University Health & Counseling Services

Secure Messages Inbox

New Message

Refresh

Read	From	Date
✓	TEST, NURSE	5/8/2020 9:09 AM
✓	TEST, PROVIDER 1	3/13/2020 7:05 AM

Page: 1

Duke Kunshan University Health & Counseling Services

Select Communication Option

Please choose from the following options:

☐ Message to a Counselor

☐ Message to a Nurse

☐ Message to a Medical Doctor

☐ Message for a Prescription Refill for a provider I have seen at DKU

Continue

Cancel

Duke Kunshan University Health & Counseling Services

Compose New Secure Message

Recipient: Please Select Recipient

Select Recipient

Message Type: Standard Secure Message

Subject:

Attachments: 

Add attachment...

Please compose your message in the space below:

Send

Cancel

# Letters

You will receive letters from doctor ,such as medical certificate

Attention: this document is not an excuse for exam absence or deferring

Duke Kunshan University Health & Counseling Services

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Letters for Sally Pat

- TEST, PROVIDER 2 4/8/2020 8:22 AM [View](#)
- TEST, PROVIDER 1 3/13/2020 7:12 AM [View](#)



8 Duke Ave, Kunshan Shi, Suzhou Shi, Jiangsu Sheng, China, 215316

## Campus Health Services Medical Certificate

**Current Date:** 4/8/2020

**Patient Name:** Patient1, Test

**DKU ID:** T001

The above named person consulted me on \$AppointmentDateTime\$.

The history and the clinical findings of the medical condition have been sufficient in my opinion for the patient to be or medical leave from April 8, 8am to April 8, 12pm, totally 0.5 days.

Kindly do the help.

**Physician:** TESTACCT **Signature:**

This medical certificate is only for DKU internal use, and this document is not an excuse for exam absence or deferrin



# Insurance

You can add your insurance information if necessary .

Duke Kunshan University Health & Counseling Services

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Insurance Cards for Sally Patient1

Please scan and upload images of the front and back of your insurance card. We accept the following file types  
JPEG, JPG.

Add New Card

Filter

Deleted	Added On	Added By
	5/15/2020 8:42 AM	Patient
	4/1/2020 4:16 AM	Patient

Showing 1 to 2 of 2 entries

Show100entries

< Previous

1

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Language: De

# Medical record

- 1.You can find your visit history , medication history....
- 2.If you did Lab test in Campus clinic , you can also find it in PNC and you may print it as needed

Duke Kunshan University Health & Counseling Services

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- Letters
- Downloadable Forms
- Forms 2 to Complete
- Insurance Card
- Survey Forms
- My Medical Record

## Medical Records for Sally Patient1

Visits Problems Allergies/Meds Radiology Labs Procedures

Date	Provider	Department
7/14/2020	GAO, HUI (MONA) MD	PRIMARY
6/19/2020	GAO, HUI (MONA) MD	PRIMARY
6/19/2020	GAO, HUI (MONA) MD	PRIMARY
5/8/2020	WANG, ZHAOZHAO (ZOE) RN	NURSING
5/8/2020	TEST, COUNSELOR	COUNSELING
5/8/2020	WANG, ZHAOZHAO (ZOE) RN	NURSING
5/7/2020	WANG, ZHAOZHAO (ZOE) RN	NURSING
5/7/2020	ZUO, YABEI (JULIA) RN	NURSING
5/6/2020	WANG, ZHAOZHAO (ZOE) RN	NURSING

## Medical Records for Sally Patient1

Visits Problems Allergies/Meds Radiology Labs Procedures

Coll. Date	Test Name	Result	Flag	Reference	Units
6/12/2020	Rapid Strep - In House				<a href="#">View Report</a>
	Rapid Strep	Positive	Abnormal	Negative	
3/13/2020	Rapid Strep - In House				<a href="#">View Report</a>
	Rapid Strep	Negative		Negative	

# Medical Visit Summaries

You can find your medical visit summaries as well

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Medical Visit Summaries

Medical Visit Summaries for Sally Patient1

Show Access Logs Popup Window

To view an individual personal record, click on View on the desired record.

Date	Type	Subject	
3/13/2020	CDA	Patient1, Test - Discharge Summary 3/13/2020	Export Vi

Patient1, Test - Discharge Summary 3/13/2020

Patient

Test Patient1

Date of birth

January 1, 2000

Sex

Male

Patient IDs

Pat\_T001

Contact info

Primary Home:  
1 Any Street  
Anytown, MA 12345  
Tel: (800) 555-1212

Healthcare service

Office Visit at March 13, 2020, 09:15:00 +0800

Attending physician

Provider 1 Test

Contact info

Work Place:

CHIEF COMPLAINT

No data available

VITAL SIGNS

No data available

ADVERSE REACTIONS, ALERTS, ALLERGIES

No data available

MEDICATIONS

No data available

MEDICATIONS ADMINISTERED DURING VISIT

No data available

PROBLEMS

# Always Log out after you use the PNC to protect your private information!

Duke Kunshan University Health & C

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- Groups/Workshops
- Referrals
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- Messages
- Letters
- Downloadable Forms
- Forms **2 to Complete**
- Insurance Card
- Survey Forms
- My Medical Record
- Medical Visit Summaries
- Immunizations
- Log Out**



Thank you for your time , if you need any medical help , please call clinic or email us !  
Tel : 0512-36657228  
Email : campushealth@dukekunshan.edu.cn

