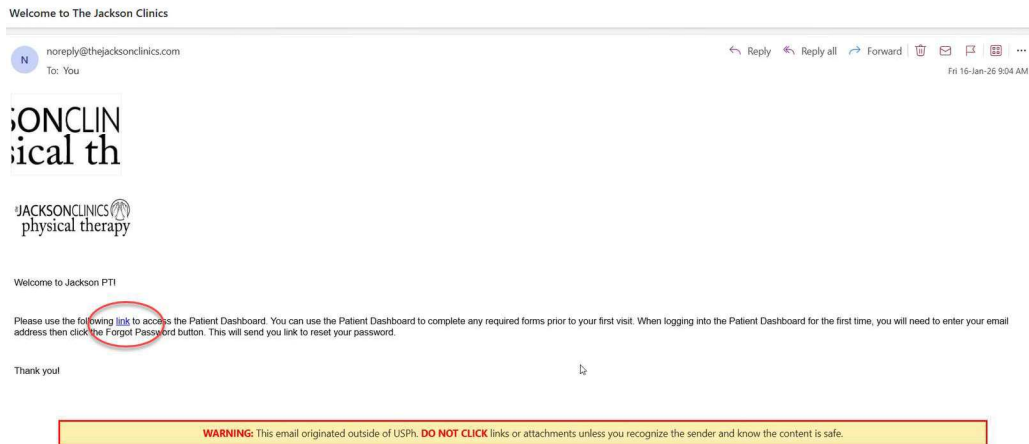


Patient Portal is a way for you to complete most of your required forms ahead of your appointment in the convenience and comfort of your home. This document will walk you through your portal and how to navigate through and complete them.

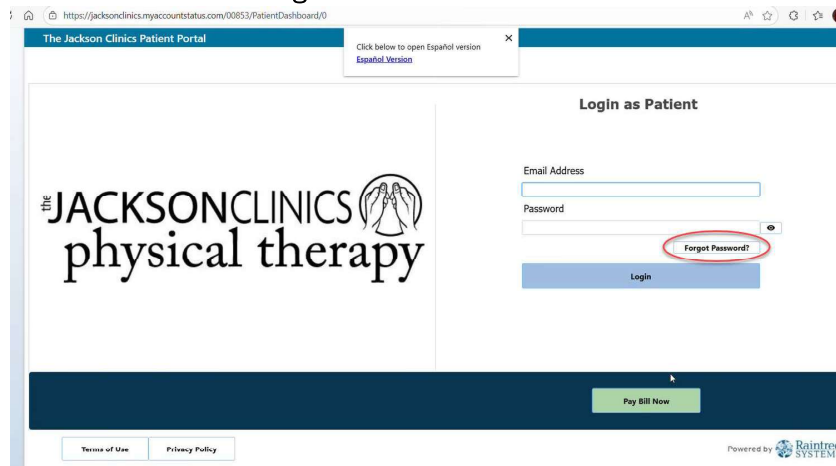
There will be a Welcome Email sent to your email address we have on file. You may need to check your Spam or Junk email.

Welcome Email: Click the underlined blue “Link”



This should open in your default browser – if it does not – please check your pop-up blocker settings and change to allow. Then try the link again from your email.

At Login as Patient screen - click on the Forged Password button.



Enter your email address and click Send Password Reset Link.



Check your email (including Spam and Junk folders) for the password reset request email.

Click the link in the email.

 noreply@thejacksonclinics.com
To: You

Password Reset Request

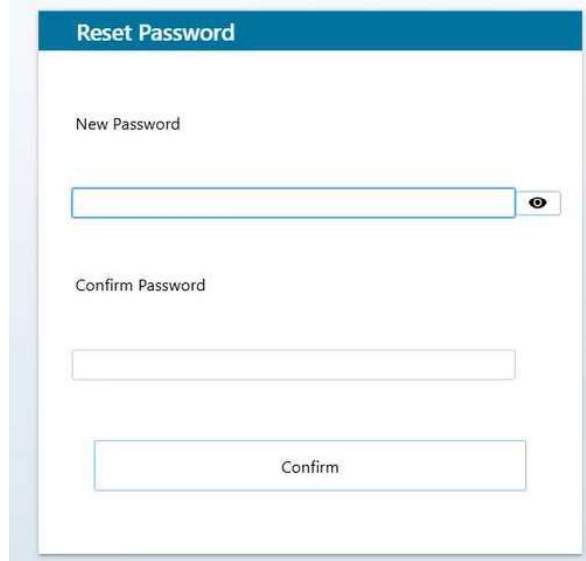
Please use the link below to reset your password.

[link](#)

The above link will expire in a few days. If you did not request to change your password, please ignore this email and no changes will be made to your account.

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution, copying or any use of the information contained herein is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

You should get this screen to set up your new password to the portal.
Enter your New Password and Confirm Password and click the Confirm button



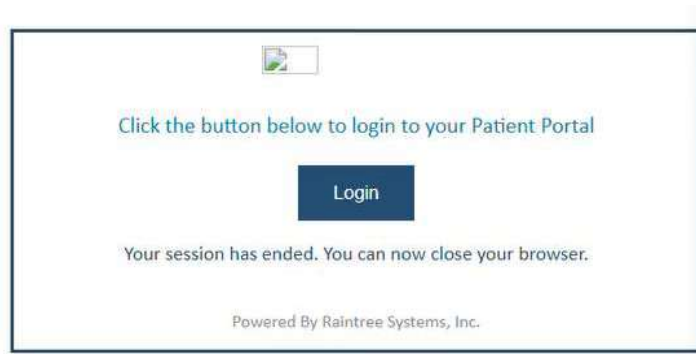
Reset Password

New Password

Confirm Password

Confirm

This should then take you back to a signed-out session. Click on the Login button and enter your email address and new password





Click the button below to login to your Patient Portal




Login

Your session has ended. You can now close your browser.

Powered By Raintree Systems, Inc.

Patient Portal View

If you have any upcoming appointments, they will appear in the Appointment section. If you need to cancel/change or add new appointments – you must contact the clinic directly.

 <p>Next Scheduled Appointment</p> <p>03-28-26 at 11:30a with Christopher Capizzi</p> <p>Request Appt Print Appointment Card Add To Calendar</p>	 <p>No pending balance</p> <p>Make a Payment</p>	 <p>You have no new messages</p>
---	---	---

Notifications:

Your profile is 6% complete. Finishing it will help us provide better care for you. [Go](#)

You have some unsigned patient forms. Press 'Go' to see them. [Go](#)

We don't have your medical history on file PT001: Testing - Testing . Press 'Go' to navigate to add one. [Go](#)

[Cambiar a Español](#) [Logout](#)

Please review and sign the forms below. Click on the form in the list to open it.

Edit	Date	Description	Status	Decline
	01-16-26	AI Consent	Unsigned	

If you have new forms to complete – you will also receive an email notice. You can click the link in the email to take you to your dashboard.

Dear [Redacted]

Please take a few minutes to review the following forms and consents. If you can sign these before your next appointment it will save you some time at check in. The forms can be found on your [Patient Dashboard](#).

If you have any questions please call us @ (703) 689-3164.

WARNING: This email originated outside of USPh. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe.

← Policies and Consents

Welcome to Jackson PT (Herndon/Worldgate) We are committed to providing you with the highest quality of care and customer service. Your clear understanding of our financial policy is important to our professional relationship.

A medical insurance policy is a contract between you and your insurance company. Coverage depends upon your insurance company and the specific plan benefits you have chosen. We are contracted with most insurance companies; however, it is your responsibility to make sure that we are contracted with your insurance company and plan.

To assist us in establishing your financial account, please:

- Supply all necessary information for accurate billing of your claim, including your insurance card, driver's license, employer information and demographic information.
- Confirm with your insurance company that we are contracted with your insurance company and plan.
- Satisfy all insurance co-payment, co-insurance, deductible and non-covered services on the day services are rendered.
- Provide your insurance company and us with any additional information requested to complete the processing of claims filed on your behalf.

Workman's Compensation

If my therapy is a work-related injury and has been approved by my employer or employer's representative as a work-related injury, I understand that my employer or work comp carrier will be financially responsible for payment of my treatment.

Appointment Cancellations

Active participation in your health care is vital to a successful rehabilitation experience. One of the most important things you can do to speed up your recovery is to attend your scheduled appointments. Experience has taught us that the more consistent or compliant you are with your treatment regimen, the better chance you have of making a full recovery. We understand that situations will arise that make it difficult to keep all your appointments. If you are unable to make an appointment, we ask that you give us 24-hour notice of cancellations. Appointments cancelled without a 24-hour notice may

Print

I've read and accept this form

DASH or Functional Questionnaires:

Can have multiple tabs with questions – please go through each tab and answer to the best of your ability.

← DASH

DASH Sports/Performing Arts Module Work Module

1 - 19 20 - 30

20. Manage transportation needs (getting from one place to another)

1 - No difficulty
2 - Mild difficulty
3 - Moderate difficulty
4 - Severe difficulty
5 - Unable

as your arm, shoulder or hand problem interfered with ends, neighbors or groups?

I in your work or other regular daily activities as a result of your arm, shoulder or hand problem?

Please rate the severity of the following symptoms in the last week

24. Arm, shoulder or hand pain

25. Arm, shoulder or hand pain when you performed any specific activity

26. Tingling (pins and needles) in your arm, shoulder or hand

27. Weakness in your arm, shoulder or hand

28. Stiffness in your arm, shoulder or hand

29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?

30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem

When you have completed all answers – click the button at the bottom “I’ve Completed and Accepted”

← I've Completed and Accepted →

