

Please note you must register for the portal first before you can login. To register please call the office and provide them with your email. You will then receive an email (please check your junk/spam folder as well) to register for your account. Make sure that you use your full first and last name when registering.

Once you are registered please login to the main page at www.myportal.md

AllegianceMD

Sign in

Username

Password

Remember me

[Forgot Account or Password?](#)

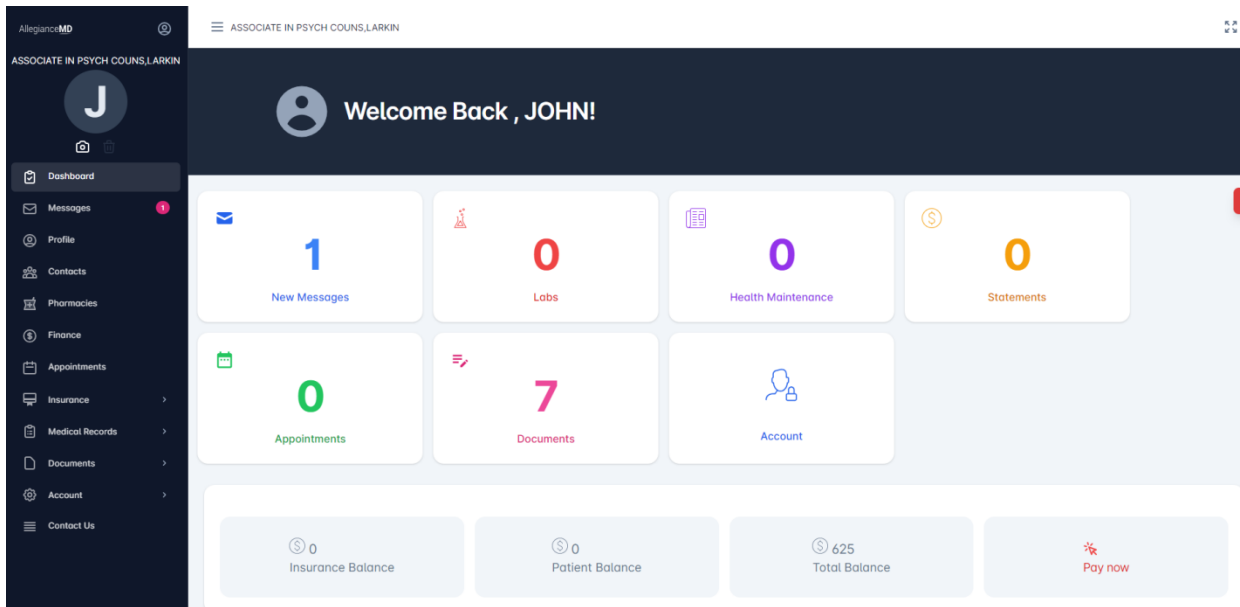
[Request Registration?](#)

Sign in

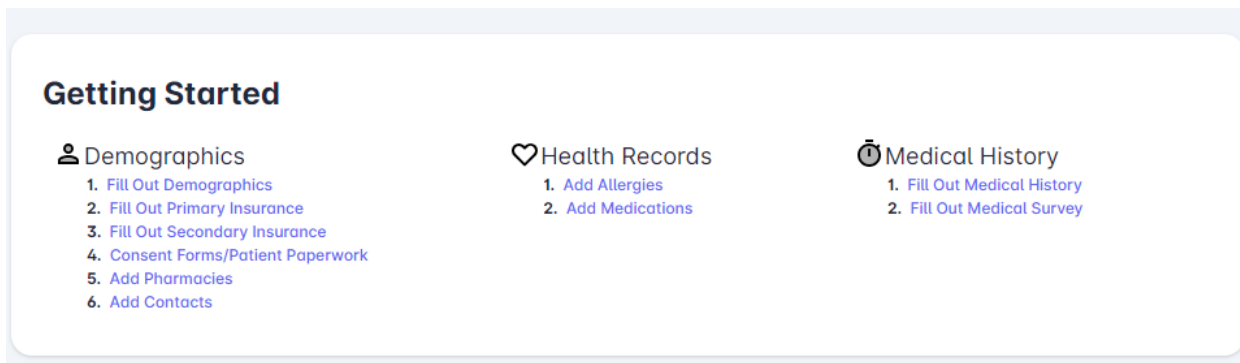
Welcome to
Patient Portal

AllegianceMD

This is an example of what the main page will look like



Scroll all the way down to **Getting Started**



Click on each option and complete the requested information

In demographics make sure to complete your **patient profile, address information, contact information, emergency contact and referred by**

Patient Profile

Patient Information

First name *

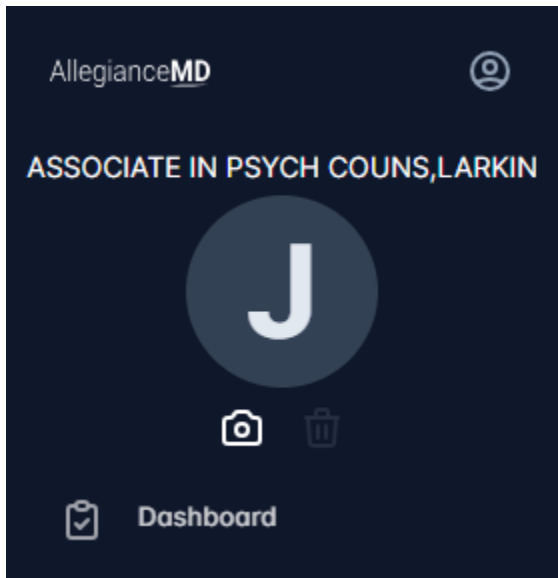
Last name *

Click on each circle for all the questions to appear. Once all sections in this page are complete, click update at the bottom of the screen

- Address Information
- Contact Information
- Emergency Contact
- Referred By

Update


Click on Dashboard to go back to main page at any point or to move to the next section




For insurance, please upload a copy of your card. Below list your insurance information and save insurance data once the information has been entered

> [Insurance](#)

Primary Insurance



Card Face



Card Back

Insurance Name

Policy

Group


Plan Name

Copay

Subscriber Relationship

Active Date

Expire Date

 Save Insurance Data

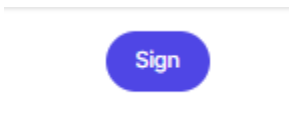
If you have a secondary insurance, please click on Secondary to the left of your screen under Insurance

Next go to documents to sign the 5 consent forms

Consent Forms Unsigned Signed

Name	Date	
Patient Bill of Rights Fillable.pdf	09-26-2022	Sign
Medication Consent Form.pdf	09-26-2022	Sign
Authorization to PCP for Portal Consent	09-26-2022	Sign
buprenorphine treatment agreement	09-26-2022	Sign
Treatment Consent and Acknowledgement Fillable.pdf	09-26-2022	Sign

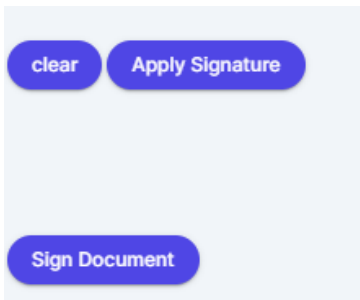
Click on the purple sign button for each form



The consent form will pop-up for you to review. At the bottom there should be a gray space. Click your mouse in the gray box and drag the mouse to sign



Once signed click apply signature. After clicking apply, sign document at the bottom will then turn purple. Click sign document to finish signing



After signing all the forms you can click signed on the top right to see which forms were accepted.

Unsigned Signed

Next add your pharmacy.

Add Pharmacy

[Back to Favorite Pharmacy](#)

[Search By Zipcode](#)

[Search By Map](#)

[Search By Details](#)


Pharmacy Zip Code:








Once you search for the pharmacy you want click the purple plus sign on the right of the preferred pharmacy

Search By Zipcode Search By Map Search By Details

Pharmacy Zip Code:

60123

 Search Pharmacy

NCPDP	Name	Street	City	State	ZipCode	Phone	Fax	Add
1497723	Ascension Rx 7010	77 N Airlite Street	Elgin	IL	60123	8478885499	8333032539	
1462667	CVS 16278 IN TARGET	300 S RANDALL RD	ELGIN	IL	60123	8476953191	8478410987	
1486782	ELGIN WEST PHARMACY	1554 TODD FARM DR	ELGIN	IL	60123	8476274600	8476274652	
1486504	GENOA HEALTHCARE- Elgin-00106	1845 Grandstand Pl	Elgin	IL	60123	2242767236	2242766544	
1489029	Illinois Cancer Spec.	1710 N Randall Rd. S 300	Elgin	IL	60123	8479310909	8474889596	
1486958	MEIJER PHARMACY #183	815 S RANDALL RD	ELGIN	IL	60123	8477176510	8477176565	
1403447	OSCO DRUG #2313	1670 LARKIN AVE	ELGIN	IL	60123	8476950198	8476955019	

Next go to the Health Records section

♥ Health Records

1. Add Allergies
2. Add Medications

If you have any known allergies then select add new allergy

+ Add New Allergy

Type in the name of your allergy and check off the medicine

1 Select Allergy

acetaminophen

Q Search Allergy

ACETAMINOPHEN

Click next and fill in reaction/symptoms you experienced on that medication. Once entered click save to the bottom right

Next

1 Select Allergy 2 Select your reactions/symptoms 3 Done

- Skin rash
- Shock/Unconsciousness
- Asthma/Shortness of breath
- Nausea/Vomiting/Diarrhea
- Anemia/Blood Disorders
- Hives

Back Save

Next enter all the medications and supplements you are currently taking by clicking the add button on the medications tab

Medications

Active ▾ + Add

Make sure to enter the medication name, dosage, approximately when you started the medication, who prescribes it to you and how you are taking it. If it is a supplement, please enter OTC under prescribed by. Click add once all medication information is added.

1 Search Drug — 2 Select Dosage — 3 Add — 4 Result

Search Drug

Search Drug

Next

Last section is Medical History

-  Medical History
1. Fill Out Medical History
 2. Fill Out Medical Survey

Once you click on Medical History, for each category click the purple answer button

Medical History

Category	Answered
Reason for Visit	Completed Answer
Past Psychiatric History	Completed Answer
Substance Abuse History	Completed Answer
Medical History	Completed Answer
Social history	Completed Answer
Family history	Completed Answer
School History	Completed Answer
Employment History	Completed Answer
If a Minor: Developmental History	Completed Answer
Current Medication	Completed Answer

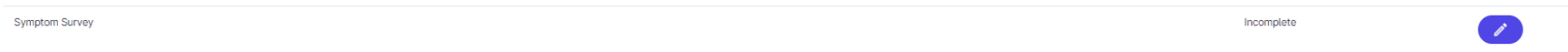
Depending on the question you can select yes, no or n/a OR you can type in your response under comment

Question	Answer	Comment	Last Updated Date
Describe reason and or reasons for your Visit	<input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="N/A"/>	Compulsive biting to any thing and anyone especially if they say no to me	03/28/2020 01:38 PM
Describe History/Duration of symptoms or condition	<input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="N/A"/>	From Birth	03/23/2020 05:30 PM

Click save and next at the bottom to continue through all the medical history questions



If you are seeing Dr. Ali Anwar and are under the age of 18, please make sure to fill out the Symptom Survey under the Medical Survey option



We always recommend you contact the office at 847-697-2400 to verify all the required information has been completed ahead of your new patient appointment.

In the future you can do the following:

Send messages to your provider

View your statement and pay a bill

See a list of your upcoming and past appointments

Request medication refills

