

Patient Signup Instructions

Hello!

Welcome to Bloom!

[Signup for COVID-19 Testing](#)

The patient signup link is below:
<https://testing.bloomhealthpartners.com/txk12>

To signup click **Join**

Patient Sign Up
For COVID-19 Testing

Create an Account or Add Another Patient to Your Account

- Set a password for secure access to test results
- Enroll your patient in the school testing program

Join

Already have an Account?

- See COVID-19 test results
- End/Pause COVID-19 testing for your child/student

Login

Patient Signup Instructions

After you click Join
You will be prompted to select a language
Both English and Spanish options are available

Select Language

Please select your preferred language

Language

English

Español - Spanish

Click **Next** to continue

Enter the information for the account holder

Patient Sign Up

Create a login to access test results

Parent or Account Holder First Name: David

Parent or Account Holder Last Name: Shaffer

Phone: 760-604-3180

Email: david@bloom.com

Password: ●●●●●●●●

Password requirements:

- Minimum of 8 characters
- No spaces
- At least 1 uppercase character
- At least 1 lowercase character
- At least 1 numeric character
- At least 1 special character

Send Test Results To: Email

We will send a notification to you whenever new test results are posted

[Back](#) [Next](#)

Select the preferred notification method.
Click **Next** to continue

Patient Signup Instructions

Add the patient information
for the child or adult patient that desires testing

Patient Information

Sign up this child or adult patient for testing

Patient First Name	Patient Middle Name	
<input type="text" value="David"/>	<input type="text" value="J"/>	
Patient Last Name	Date of Birth	Age
<input type="text" value="Shaffer"/>	<input type="text" value="12/31/1981"/>	<input type="text" value="40"/>

Sex

School

Does this patient have an Individualized Education Program (IEP), disability, or special health care need?

Are there any special accommodations that your child might need? If so, please describe:

Patients must select the correct school to successfully collect their data into the test administrator portal.

Patient Signup Instructions

You will need to enter the demographic information for the patient
This is required information for the Health Department

Patient Race/Ethnicity

This is required for reporting to the Texas Department of State Health Services

Race

Ethnicity

Click **Next** to continue

Enter the patient's address information
This information is required for the Health Department

Patient Home Address

This is required for reporting to the Texas Department of State Health Services

Address City

State County

ZIP Code

Also set this address as mailing address

Click **Next** to continue.

Patient Signup Instructions

Once the account information is gathered
They will be able to review their information and the
consent information before submitting

PATIENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

School
Dayton High School

Patient First Name Patient Last Name
David Shaffer

Patient Date of Birth (DD/MM/YYYY)
12/31/1981

By signing below, I attest that:

- I am the parent/legal guardian of the child/student named above or the adult patient.
- I am legally authorized to make healthcare-related decisions for the child/student named above.
- I have signed this form freely and voluntarily.

School
Dayton High School

Does this student have an Individualized Education Program (IEP), disability, or special health care need?
No

Are there any special accommodations that your child might need? If so, please describe:
NA

Sign here:

Patients can sign electronically with a mouse or
their finger with
a touchpad device.

Click **Submit** to complete the patient account setup.

Patient Signup Instructions

To complete the registration process
Click **Finish**

To add another student to the user's account
Click **Add Another Student**

Repeat until all required students are added.

COVID Testing Participants

You can add additional students from the same or other participating schools

FIRST NAME	LAST NAME
David	Shaffer

Add Another Student

Back **Finish**

You can add a second student at any time by returning to

<https://testing.bloomhealthpartners.com/txk12>

They can enter their information and the email that they used to create their original account.

The system will recognize that the email exists and prompt them to sign-in.

After they sign-in they can continue through the process to add patients.

Patient Signup Instructions

Signup is complete!

Contact us for additional assistance!

877.727.4319 EXT 4

TXK12@bloomhealthpartners.com

Thank you for choosing Bloom!

