

Welcome to Triosk

An Emergency Department

Self-Registration Service

Please Select
Your Preferred Language
to Proceed

English

French

Top language 1

Top language 2

Top language 3

Submit

Triosk: Self-Registration Service

Reason for Visit (Select all that apply)

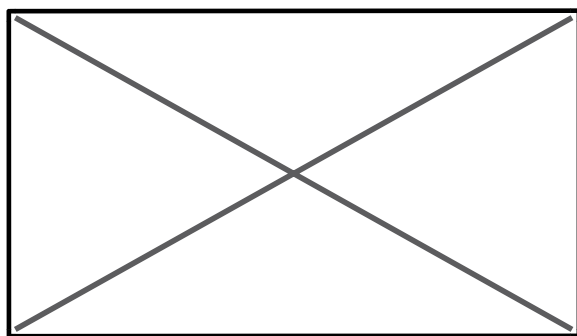
- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Dizziness
- ☐ Numbness in arms or hands
- ☐ Major bleeding/wounds
- ☐ Mental health concerns
- ☐ Other

Triosk: Self-Registration Service

You have selected an urgent reason

Please follow these steps:

1. Collect your ticket below
2. Proceed straight to the triage desk and a nurse will assist you



DIRECTION MAP

Collect ticket ✓

Triosk: Self-Registration Service

What brings you to Emergency Department Today?

How long have you been experiencing it?

Minutes ▼

Hours
Days
Weeks
Months
Years

Have you travelled outside the country
in the last 14 days?

Triosk: Self-Registration Service

Are you already registered in MyChart?

Yes

No

Triosk: Self-Registration Service

Is the displayed information correct?

Personal Information

OHIP CARD NUMBER: ██████████

FIRST NAME: ██████████

LAST NAME: ██████████

DATE OF BIRTH: ██████████

HOME ADDRESS: ██████████

PHONE NUMBER: ██████████

EMAIL ADDRESS: ██████████

Medical Information

ALLERGIES: ██████████

MEDICATIONS: ██████████

Additional Contact Information

EMERGENCY CONTACT: ██████████

PRIMARY CARE PROVIDER: ██████████

Yes

No

Triosk: Self-Registration Service

Do you have a valid Ontario Health card?

Yes

No

Triosk: Self-Registration Service

Enter your valid Ontario Health card number

**** _ *** _ *** _ **

Clear

Back

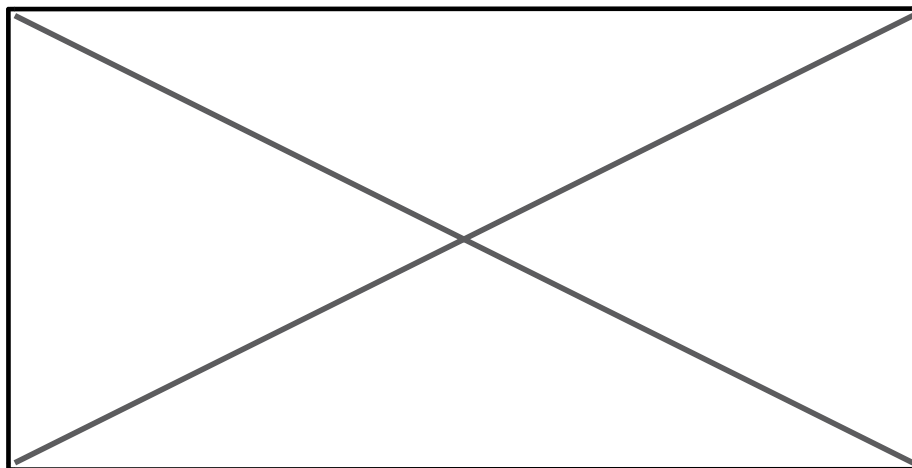
Submit

Triosk: Self-Registration Service

You do not have a valid Ontario Health card

Please follow these steps:

1. Proceed straight to the front desk and a receptionist will assist you



DIRECTION MAP

Triosk: Self-Registration Service

Enter your personal information

FIRST NAME

LAST NAME

DATE OF BIRTH

HOME ADDRESS



PHONE NUMBER

EMAIL ADDRESS

Triosk: Self-Registration Service

Enter your medical information

ALLERGIES

Enter allergies

MEDICATIONS

Enter medications

Clear

Back

Next

Triosk: Self-Registration Service

Enter additional contact information

Emergency Contact Information

FIRST NAME

LAST NAME

PHONE NUMBER

Primary Care Provider

PHYSICIAN NAME

Triosk: MyChart Sign Up

You do not have a MyChart account.

Would you like to sign up now?

Yes

No

Triosk: MyChart Sign Up

Please create your MyChart account

EMAIL ADDRESS

PASSWORD

CONFIRM PASSWORD*

Triosk: MyChart Sign Up

Please confirm your MyChart account

A confirmation has been sent to your email.

Please verify your account within the next 24 hours.

[Next](#)

Triosk: Ticketing

Your registration is complete!

Please follow these steps:

1. Collect your ticket below.
2. Proceed take a seat in the waiting room and wait for your ticket number to be called.

Collect ticket 