



Christiana Care's Direct Book Schedule Guide

You are just a few steps away from joining your Virtual Video Visit through **Christiana Care's Patient Portal**.

Call 302-320-9771 if you have any questions!

After selecting the Direct Book Scheduling Link, Select the **New Patient Enrollment** Option.

christianacare.iqhealth.com

If this is an emergency, call 911.

* Who is this appointment for?
 Myself
 Someone else

How would you like to begin your search?
[Visit Reason](#) [Provider](#)

Choose a reason for your visit
 A Virtual Primary Care - New Patient Enrollment (One Time Only)

Search [Sign in to schedule](#)

Christianacare.org Sign In

Choose **CCHS Virtual Care** for the location.

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Schedule Appointment

Your appointment 20%

Reason: A Virtual Primary Care - New Patient Enrollment (One Time Only)
[Edit](#)

Enrollment into the Primary Care Virtual Practice is for CCHS employees who are on Aetna and their adult (18+) dependents only at this time.

The Patient Portal Request Appointment option within the dropdown should be used to schedule appointments with Heart and Vascular, Primary Care and Wound Care.

If this is an emergency, call 911.

* Choose a location
 CCHS Virtual Care

Next

Christianacare.org

Search and Select **Virtual Practice, Enrollment** for a specific provider and pick your preferred date and time.

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If this is an emergency, call 911.

Start Date
 Enter date in MM/DD/YYYY format.

Need a specific provider?
 VirtualPractice, Enrollment

Apply

Advanced filters

Tuesday, Sep 17, 2019

02:00 p.m. EDT
 VirtualPractice, Enrollment
[View all availability](#)

Select

Provide your patient details to create an account and select **Continue** at the end of the page.

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Patient Details

* First name

* Last name

* Date of birth
 Month Day Year
 Select

Enter the year as 4 digits.

Social Security Number

* Gender
 Female
 Male
 Unknown

Contact Information

* Street address 1

Street address 2

* City

* State
 Select

* Zip

* Email address

* Confirm email address

* Phone number

Provide a few other details about your visit and confirm your appointment.

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* Indicates a required field.

* Provide any additional details, including any symptoms, to explain why we are seeing you for this visit.

Describe any specific requests or special needs you want us to consider in preparation for your visit.

Send me an email with my appointment details

Create an account with Christiana Care when scheduling this appointment

Confirm your appointment

Christianacare.org

Info