



## ConnectMed – Patient Portal Registration Form

Please complete this form and supply one form of photo ID to register for the ConnectMed patient portal.

Each person that uses the portal must have their own unique email address.

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Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Practice use only

Patient NHI: \_\_\_\_\_

Photo ID: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_