



ConnectMed – Patient Portal Registration Form

Please complete this consent form and hand it to reception in order to register for Level 2 access to the ConnectMed patient portal.

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

Full Name: _____

Date of Birth: _____

Email Address: _____

Cell Phone: _____

Signature: _____

Date: _____

Practice use only

Patient NHI: _____

Photo ID: _____

Staff Member: _____

Date: _____