



## 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.

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

Date of birth: \_\_\_\_\_

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

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

The Papanui Medical Centre also uses e-mail to correspond with our patients regarding recalls and other aspects of your care. By consenting below you understand that at times we will be using this format to convey information to you.

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

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

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### Practice use only

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

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

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

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

Patient information sent:

	Getting started with your patient Portal
	Patient Portal Information