



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**.

Please complete this form in **black pen**.

Full name:

Date of birth:

Personal email address:

Cell phone:

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:

Practice use only

Patient name: NHI:

Photo ID supplied: Y / N Type of ID:

Staff member: Date: / /

Patient information sent: (tick when complete) Getting started with your patient Portal

Patient Portal Information