

**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 and be 16 years of age or older. Do not share your username and password.

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

Residential  
Address: \_\_\_\_\_

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

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

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

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

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

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Practice use only

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

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

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

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