



ConnectMed – Patient Portal Registration Form

Please complete this form and bring it to our reception along with your Passport as ID to register for the ConnectMed patient portal. Each person that uses the portal must have their own unique email address. And must be over 16 years of age.

Full Name:				 	
Date of Birth:				 	
Email Address:				 	
Cell Phone: —				 	
Signature:				 	
Date:				 	
Please register my acc	cess to:	Repeat pr	rescriptions oratory resu		
Practice use only					
Patient NHI:					
Photo ID: Staff Member:					