



ConnectMed – Patient Portal Registration Form

Please complete this form and supply a Passport as ID to register for the ConnectMed patient portal.

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

You must be over 16 years of age.

Full Name: _____

Date of Birth: _____

Email Address: _____

Cell Phone: _____

Signature: _____

Date: _____

- Please register my access to:
- Repeat prescriptions
 - Filed laboratory results
 - View allergies
 - View immunisations

Practice use only

Patient NHI: _____

Photo ID: _____

Staff Member: _____

Date: _____