

Patient's Name: _____ Patient's DOB: _____

FollowMyHealth[®] Registration

In order to access health information online, please confirm your name, date of birth, email address, and contact number on file is accurate. Once confirmed please sign below.

In addition to health information, you will be given access to request appointments and prescription refills and to send messages to our office. Please review the brochure you received for more details about FollowMyHealth[®] and tips to maximizing all the online benefits.

Email Address: _____

Best Contact Number: _____

Patient Signature: _____ Date: _____



(initials) I have been given the opportunity to register for FollowMyHealth, however **decline**.

Please complete the next section **ONLY** if the patient meets the following criteria:

*PriMED Physicians requires patient to be **less than 13 years of age** for proxy access. If **18 years of age or older**, Power of Attorney is required. If you are a patient between the ages of 13-17 years of age no new information will be added to the portal.

The Patient Representative is the patient's decision maker with current authority. It can be the parent, if the patient is a minor, a legal guardian, health care power of attorney, or other person with current legal and representative authority.

FollowMyHealth[®] Proxy Registration (Patient Representative)

Name: _____ DOB: ____/____/____

Relationship to patient: _____

Email Address: _____

Best Contact Number: () _____

Mailing Address: _____

Proxy Signature: _____ Date: _____