

# Patient Portal Signup Sheet

Name of individual requesting account: \_\_\_\_\_

Select Relationship:  Self

Spouse/Legal Guardian/Other (Please describe):

\_\_\_\_\_  
 Parent

Requestor's Home Address: \_\_\_\_\_

\_\_\_\_\_

Requestor's Phone Number: \_\_\_\_\_

Requestor's Date of Birth: \_\_\_\_\_

Requestor's Email Address: \_\_\_\_\_

Please Select a User Name: \_\_\_\_\_

*(Case Sensitive – At Least 5 Characters – Letters and Numbers Only)*

Please list the name of the individual whose medical record you are requesting access to.  
(A proxy authorization form may need to be completed)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_