**Manage My Health Registration Form**

Please Print Details Clearly – 16+ Years

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| --- | --- |
| Name: |  |
| Address: |  |
| Date of Birth: |  |
| Email address: |  |
| **IMPORTANT****Each family member needs their own individual email address.****Please write clearly to avoid a delay in the registration process.** |
|  |
| Previously Registered to Manage My Health | Yes / No (Circle one) |
| Name of previous medical centre |  |
|  |
| Photo Identification included |  |
| I agree to the patient portal terms and conditions |  |
|  |
| Today’s Date  |
| Patient signature |

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