



Follow My Health Patient Portal Form

OCH Clinics are proud to offer the **Follow My Health Patient Portal**.

This will allow you secure access to view or print your health records including:

- Medications
- Recent vitals
- Test results
- Request Prescription refills
- Request appointments
- and more

Please fill out the following information and return to the receptionist.

Please print clearly

Name (first, last) _____

E-mail Address _____

Date of birth _____

I do want to become a member of the OCH Clinics Follow My Health Patient Portal
and agree to them sending an e-mail invitation to the above address.

Patient Signature

Date/ Time