

# Follow My Health Patient Portal Form OCH Clinics

are proud to offer the

#### Follow My Health Patient Portal

which 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 o	f the OCH Clinics Follow My Health Patient Portal
and agree to them sendin	g an e-mail invitation to the above address.
Patient Signature	Date/ Time

Reference: N/A, Formulation date: 8/16, Revision: 8/16, Approved by: T.Gipson, RN, Page 1of 1



## Follow My Health Patient Portal Form

#### **REVISION/REVIEW HISTORY**

Author	Revision Date	Page #	Summary of Changes
Tawana Gipson	8/23/16	1	Header and Footer added

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