



# 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 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

NOTE: This is the final page of the OCH Policy/Form. Next page contains revision history only.

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Please view the current version on [och.ellucid.com](http://och.ellucid.com).

If you must use a printed version of a document, please ensure you are utilizing the most current version.