

Thomasville Archdale-Trinity Pediatrics' Patient Portal Registration Form

Completion of this form will enable you to have access to your child's medical information, 24/7, from any computer, smartphone or tablet! **YOU MUST SHOW ID IN ORDER TO PICKUP OR DROP OFF THIS FORM!**

- Request Appointments
- Send and receive secure messages
- View test and lab results
- Request ADHD/ADD / Asthma prescription refills
- Receive appointment reminders
- View and print immunizations
- And MORE!
- **Download the free app as well at FollowMyHealth-Mobile!**

List **ONLY** the children in which you have legal custody / guardianship over! Sorry, **NO** step-children! If your child is over 18 years of age, then they must complete this form themselves!

Child's Name: _____ Date of Birth: ___/___/___

Child's Name: _____ Date of Birth: ___/___/___

Child's Name: _____ Date of Birth: ___/___/___

Child's Name: _____ Date of Birth: ___/___/___

Child's Name: _____ Date of Birth: ___/___/___

Child's Name: _____ Date of Birth: ___/___/___

Check one: Parent Legal Guardian Self

Step-Parent or Foster Parent *(Note: If checked, no other information is needed. HIPAA law prohibits access to this child's medical record. Please sign & date at the bottom and turn in form.)*

Other: _____. *(Note: If checked, no other information is needed. HIPAA law prohibits access to this child's medical record by anyone other than the parent or legal guardian. Please sign and date and turn in form.)*

We can send out an invitation to both parents, so if there are two different email addresses, please include them!

FILL OUT COMPLETELY OR WE CANNOT SEND YOU AN INVITATION TO JOIN! ALL INFORMATION REQUESTED BELOW IS REQUIRED!

Parent / Guardian First Name: _____ Last Name: _____

Email Address: _____@_____. Last 4 digits of SS#: _____

Street Address: _____ City: _____

State: ____ Zip: _____ Contact #: (____) ____ - _____

Parent / Guardian First Name: _____ Last Name: _____

Email Address: _____@_____. Last 4 digits of SS#: _____

Street Address: _____ City: _____

State: ____ Zip: _____ Contact #: (____) ____ - _____

I do not have an email address or access to an email that can be used just for set-up.

Signature: _____ **Date** ___/___/___