



Manage My Health Registration Form

Please Print Details Clearly – 16+ years

Name:		<i>staff code</i>
Address:		<i>staff code</i>
Date of birth:		<i>staff code</i>
<p>Important:</p> <p>Each family member needs their <u>own individual</u> email address.</p> <p>Please write clearly to avoid a delay in the registration process.</p>		
Email address:		<i>staff code</i>

Previously Registered to Manage My Health

Name of Previous Medical Centre _____

Photo identification attached
Drivers Licence/Valid Passport

I agree to the patient portal terms and conditions

Today's Date _____

Patient signature _____