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## Health 365 – Patient Portal Registration Form

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You must complete this form and provide photo proof of identity in order to register yourself with the practice portal.

**Each applicant must complete their own form and register with a unique email address.**

Once you have registered you will receive a confirmation email with your user name and password.

The 'Patient Guide to the Portal' will instruct you how to use Health365.

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Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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I am registering myself on the portal and/or children under 16 years of age who are legally in my care.

Signed: \_\_\_\_\_

*Above Patient or Parent/Guardian of Patient (Delete as applicable)*

Date: \_\_\_\_\_

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***Please note: It is a condition of use that patients using the portal services have no outstanding invoices. Portal services may be removed if your account becomes overdue.***

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Practice Use Only:

Patient NHI Number: \_\_\_\_\_

Photo ID Sighted:    Passport                       Driver Licence                       P.K. (Personally Known)

Staff Initial: \_\_\_\_\_

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