



SIGN ME UP! FOLLOWMYHEALTH

Southern Indiana Community Health Care, Inc. provides patients with on-line access to their records through FOLLOWMYHEALTH. Once enrolled for access, you will receive an email invitation from noreply@FOLLOWMYHEALTH.com to activate your account. If you do not see the invitation within a few days, please let us know.

PATIENT/ PARENT/ GUARDIAN	FULL NAME:		PHONE#:
	ADDRESS:		
	CITY:	STATE:	ZIP:
	DATE OF BIRTH:		LAST 4 DIGITS OF SOCIAL SECURITY#:
	<i>EMAIL ADDRESS:</i>		

PLEASE COMPLETE THE SECTION BELOW FOR EACH CHILD BELOW THE AGE OF 18 THAT LIVES IN THE SAME HOUSEHOLD.

CHILD 1	CHILD'S NAME:	DATE OF BIRTH:
	ADDRESS: <input type="checkbox"/> SAME AS ABOVE	RELATIONSHIP:
CHILD 2	CHILD'S NAME:	DATE OF BIRTH:
	ADDRESS: <input type="checkbox"/> SAME AS ABOVE	RELATIONSHIP:
CHILD 3	CHILD'S NAME:	DATE OF BIRTH:
	ADDRESS: <input type="checkbox"/> SAME AS ABOVE	RELATIONSHIP:

By signing below, I authorize SICHC to enroll me and/or the above patients in SICHC's patient portal.

_____ _____ _____
 SIGNATURE OF PATIENT LEGAL REPRESENTATIVE'S AUTHORITY TO SIGN DATE
 (parent, guardian, health care power of attorney, etc.)

Return form to: SICHC, INC., ATTN: Tracy Cook, PO Box 270, Paoli, IN 47454 or fax 812.723.7989 | tcook@sichc.org