



Patient's Name: _____ Date of Birth: _____

Current address: _____

Best Phone Number: (_____) _____ Cell Phone: (_____) _____

____ Please enroll me in text message appointment and wellness reminders.

- This will end your appointment reminders via phone call.
- Standard data fees and text messaging rates may apply based on your plan with your mobile phone carrier.

You can now securely access your healthcare information and contact your provider using our patient portal!
To enroll in the Patient Portal, please provide your e-mail address and for security purposes city of birth.

____ I give Family Health Care permission to set up my Patient Portal account for me.

____ I do not want to use the Patient Portal now (I know I can change my mind later).

____ I'm enrolled in the Patient Portal.

E-mail: _____ City of Birth: _____

Signature: _____

Please list any dependent Family Health Care patients under the age of 13 that you would like to enroll in the Patient Portal.

Patient Name	Date of Birth

Baldwin Family Health Care is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

----- Please Detach for Patient -----

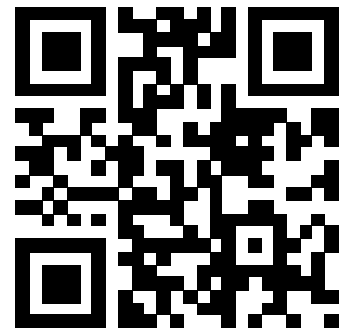
To **Self-enroll** in the patient portal, please visit www.qrs.ly/sh4h5kz or use your smart phone to scan the code below.

If you selected for Family Health Care to enroll you in the patient portal
Please use the following information:

Username: **First 20 characters of email (patientportal@yahoo.)**

Password: **Birth year and first 4 letters of last name (1981abcd)**

To login to the Patient Portal, please visit: www.nextmd.com.



****You can change your security questions and password by logging into the Patient Portal and clicking on settings in the upper right hand corner, selecting account settings from the drop down menu, and clicking edit on the particular security question.**

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