

**ADOLESCENT PATIENT ACCOUNT REQUEST FORM
FOR FOLLOWMYHEALTH**

This form must be completed in order for adolescent patient to request access to the Pinehurst Medical Clinic's online Patient Portal record (hereafter referred to as FollowMyHealth). Adolescents must be 12 years of age or older to obtain an account.

PATIENT INFORMATION (all fields are required)

Name (Printed Full Name): _____

Date Of Birth (MM-DD-YYYY): _____ **SSN:** XXX-XXX-

Address: _____ **Email:** _____

City: _____ **Phone:** _____

Zip Code: _____ **State:** _____

Signature of Patient

Date/Time

Signature of Witness

Date/Time

**RETURN THIS FORM VIA FAX (910-235-3413) or MAIL to: Pinehurst Medical Clinic
Attention: Medical Records Office 45 Aviemore Drive Pinehurst, NC 28374**