

CACTUS CHILDREN'S CLINIC, PC

Per Federal requirements to achieve "Meaningful Use" of electronic medical records we are required to ask the following questions for every child; please complete one form for each child in your family:

Patient Name: _____

DOB: _____

Ethnicity: Hispanic/Latino Not Hispanic or Latino Decline to Answer (circle one) Race:

Language spoken: _____

PATIENT PORTAL

You will now be able to obtain your child's (ren) medical information securely online through our new Patient Portal free of charge. This information may include Immunization Records, Prescription History, Lab History, and Office Notes. In addition you will be able to request a well check appointment or referral.

In order for us to link the account to our system we will need an email address. We can only have one email address per parent/legal guardian. If you wish to participate please complete the following:

Parent/Legal Guard. Name: _____

Signature: _____

Email: _____

Parent/Legal Guard. Name: _____

Signature: _____

Email: _____

Once you sign up on the portal and the given email address is linked, it can only be changed in the future by parent/legal guardian from the portal. Our employees will not have access to change it. Please write down login and password when given at time of set-up on the portal.