

# St. Peter's Health Patient Portal Registration Form

Please fill out this form as completely as possible. If you do not know your Medical Record Number, leave the field blank and a St. Peter's Health representative will complete it for you.

**You must present this form along with photo identification in order to register.**

Once you have been registered for the St. Peter's Health Patient Portal, you will receive an email from [patientportal@sphealth.org](mailto:patientportal@sphealth.org) with instructions to complete your account registration.

Patient Name _____ Last First Middle Initial
Date of Birth _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Email Address _____
Today's Date ____/____/____
Medical Record Number _____

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

St. Peter's Health Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

St. Peter's Health Employee (print): \_\_\_\_\_

**(Checked boxes indicate selection)**

**I, the St. Peter's Health employee noted above, have verified identification of the above patient, by means of either a photo ID, or Palm Secure palm scanning.**

PATIENT IDENTIFICATION:

**St. Peter's Health**

2475 Broadway • Helena, MT 59601 (406) 442-2480

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