

Pediatric & Adult Medicine, Inc.

Sign Me Up!



Please fill out the form below to begin the process of enrolling in the PAM FollowMyHealth Patient Portal.

PAM provides patients with online access to their health records through FollowMyHealth. Once enrolled for access, you will receive and email invitation from **noreply@FollowMyHealth.com** to activate your account.

Patient	Full Name		Phone#	
	Address			
	City		State	Zip
	Date of Birth		Patient's current age	
	Email address			

Please complete the section below if you are requesting access for your child under the age of 13

Parent	Full Name		Phone#	
	Address			<input type="checkbox"/> Same as above
	City		State	Zip
	Relationship to Patient <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian (requires court order) <input type="checkbox"/> Other _____			
	Email address			

By my signature below, I authorize PAM to enroll me in the PAM FollowMyHealth patient portal.

PATIENT - 13 and older

PARENT for child – birth to 13