



SIGN ME UP! MyHealthInfo

Mankato Clinic provides patients with on-line access to their records through FollowMyHealth. Once enrolled, you will receive an e-mail invitation from noreply@FollowMyHealth.com to activate your account. If you do not see the invitation within a few days, please check your Junk or Spam folder.

		MC#:	
Parent/ Guardian	Full Name:		Phone#:
	Address:		
	City:	State:	Zip:
	Date of Birth:	Last 4 digits Social Security #:	
	<div style="display: flex; align-items: center;"> E-mail Address: </div>		
Please complete the below section for each child under the age of 13.			
Child 1	Child's Name:		Date of Birth: <small>Patients ages 13-17 require a provider order</small>
	Child's Address: <input type="checkbox"/> Same as above		Relationship to Child:
Child 2	Child's Name:		Date of Birth: <small>Patients ages 13-17 require a provider order</small>
	Child's Address: <input type="checkbox"/> Same as above		Relationship to Child:
Child 3	Child's Name:		Date of Birth: <small>Patients ages 13-17 require a provider order</small>
	Child's Address: <input type="checkbox"/> Same as above		Relationship to Child:
By signing below, I authorize Mankato Clinic to enroll me and the above patients in Mankato Clinic's patient portal.			
_____ Signature of patient/legal representative*		_____ Legal representative's authority to sign <small>(parent, guardian, health care power of attorney, etc.)</small>	
		_____ Date	

* Authorized representative may be required to submit copies of legal documents supporting his/her authority to act on a patient's behalf.