



MEDICAL CONCIERGE CARE

PATIENT PORTAL

For reporting purposes, we ask that you fill out the following information to the best of your ability.

Email Address: _____

Cell Phone: _____

This will be used to gain access to your Medical Concierge Care patient portal (InLight). You will also receive appointment reminders and updates once your email is provided.

Race:

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- White
- Hispanic
- Not Hispanic or Latino
- Other Race

Language:

- English
- Spanish
- Other _____

_____ I choose to participate in Patient Portal.

I choose not to participate in Patient Portal at this time because:

- _____ I do not have an E-mail address
- _____ I do not wish to share my E-mail address
- _____ Other

Patient Signature

Date