Minnesota Epilepsy Group, P. A.

225 Smith Ave N., Suite 201 Saint Paul, MN 55102 (651) 241-5290

# ADDITIONAL CONTACT INFORMATION

To have access to our Patient Portal, we are collecting email addresses.
Please fill in the information below so that we may update your information.
Thank you for your time and cooperation.

**Patient name:**_____

**Name of contact (if other than patient):**_____

**Email:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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**Whom does this email address belong to** (please check all appropriate boxes)?

☐ Patient ☐ Mother ☐ Father ☐ Spouse/Partner

☐ Legal Guardian ☐ Group Home

**If you did not provide your email, please indicate the reason why:**

☐ I don't have an email address

☐ I don't have access to a computer to receive email

☐ I prefer not to provide my email address

For more information, ask for a copy of our patient portal brochure.