

Children's Hospital Virtual CHNOLA

Account Registration Form

Children's Hospital is proud to offer video visits to qualifying patients as a convenient alternative to traveling to the clinic to see the provider in person. If your provider has decided to schedule you for a video visit, please fill out the information below and return this sheet to the representative. Within 24 hours, you will receive a link to activate your account and download our [Virtual CHNOLA](#) app.

On the day of your appointment, log in to the app and follow the prompts. You will complete the intake form and then be linked with your provider via video. More information can be found at chnola.org/video-visit.

Please Note: If the child is under 13 years old, parents must have a patient account for themselves and register their child as a dependent account. Parents can manage these dependent accounts online at chnola.connectedcare.md.

Parent's Info:

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Cell Phone #: _____

Address: _____

City/St/Zip: _____

Email: _____

Patient's Info:

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____