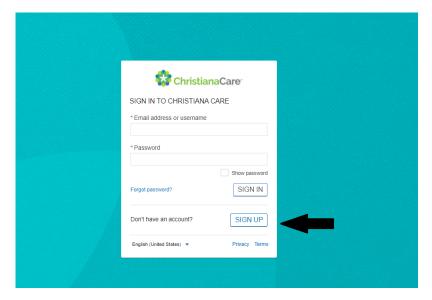To Self-Enroll into the ChristianaCare patient portal, navigate to the portal login page and click 'Sign Up'

This will take you to Self-Enrollment. There are certain criteria that must be met in order to Self- Enroll:

- You must be a ChristianaCare patient
- You must be age 18 years or older
- Have never had a ChristianaCare Patient Portal
- Details entered must match what we have in our system for positive identification

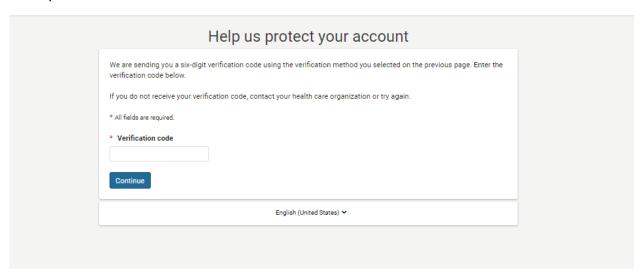Enter your details into the form shown below:
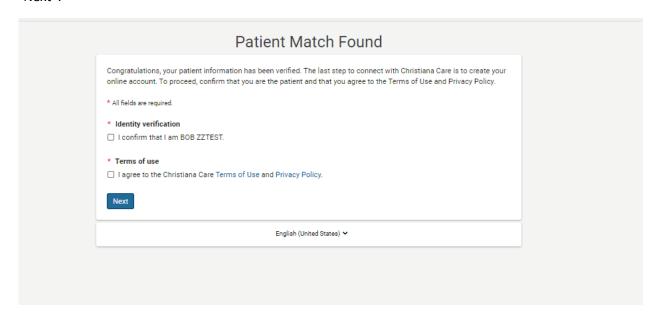
Self-Enrollment for Christiana Care

Complete the form below to start the self-enrollment process for ChristianaCare's secure and personalized Patient Portal.

Self-enrollment is available for:

- ChristianaCare patients
- Age 18 or older
- Never enrolled in ChristianaCare Patient Portal
- Correctly match details that you will be prompted to enter

Manage the health of a patient?

Talk to the patient's health care provider to receive a ChristianaCare invitation. Self-enrollment is not currently available to caregivers or guardians. Learn about Proxy Access

Unable to self-enroll?

Please call 302-320-6852 and select option 1, Monday thru Friday, 8 a.m. – 4:30 p.m. or e-mail MyHealth@ChristianaCare.org

* Indicates a required field.

* **First name**

* **Last name**

* **Date of birth**

Month	Day	Year
Select ▾		

Enter the year as 4 digits.

* **How would you like to verify your account?**

Personal identifier(s)　　Email address

Enter email address

* **Identity verification**

☐ I'm not a robot　reCAPTCHA
Privacy · Terms

Next

If all information entered is matched, you will be emailed a Verification Code as a step to further confirm identity:

Help us protect your account

We are sending you a six-digit verification code using the verification method you selected on the previous page. Enter the verification code below.

If you do not receive your verification code, contact your health care organization or try again.

* All fields are required.

* **Verification code**

[   ]

[Continue]

English (United States) ⌄

If a patient match has been found, you will receive the below message. Select both boxes and click "Next":

Patient Match Found

Congratulations, your patient information has been verified. The last step to connect with Christiana Care is to create your online account. To proceed, confirm that you are the patient and that you agree to the Terms of Use and Privacy Policy.

* All fields are required.

* **Identity verification**
☐ I confirm that I am BOB ZZTEST.

* **Terms of use**
☐ I agree to the Christiana Care Terms of Use and Privacy Policy.

[Next]

English (United States) ⌄

The final steps are to create a username and password:

ChristianaCare

CREATE ACCOUNT

Complete the short registration process to get access to your health information.

* First Name

BOB|

* Last Name

ZZTEST

* Mobile Number

(___) ___-____

* Gender

MALE ▼

* Date of Birth

01/01/1977 📅

* Username

* Email Address

bobzztest@yopmail.com

* Password

☐ Show password

* Confirm Password

☐ Show password

☐ I accept the Terms and Privacy Policy.

protected by reCAPTCHA
Privacy - Terms

CANCEL   SUBMIT