

myLafene Patient Portal Login Instructions

In order to provide you with the best service there is some information that we need.

- 1** Go to our website at www.ksu.edu/lafene and click on the button on the right side to go to our patient portal



Sign in with your K-State eID

A white login form with a light blue border. It has two input fields: "eID" and "Password". Below the fields is a purple "Sign in" button and a link "Forgot your eID password?".

- 2** Sign in with your K-State eID

and confirm your date of birth

LAFENE+
HEALTH CENTER

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your Date of Birth:

Three small input fields for date selection: a dropdown for the month, a dropdown for the day, and a text box for the year.

Once you're signed in you can:

- 3** Upload a copy of your current insurance card

then click on "Forms" and:

- 4** Fill in policy holder information for your insurance

- 5** Complete your immunization history form

- 6** Complete your health history form

- 7** Complete your TB screening questionnaire

↓ SEE OTHER SIDE ↓

[Home](#)

[Appointments](#)

[Handouts](#)

[Messages](#)

[Letters](#)

[Forms](#)

3 [Insurance Card](#)

[Survey Forms](#)

[Account Summary](#)

[Disclosure Log](#)

[Medical Records](#)

[Immunizations](#)

Entrance Medical Requirements

Name: **WILLY**

School:

ID Number: 888888888

Before you begin your studies at **Kansas State University** you must complete certain online requirements, including:

- Immunization History Form
- Health History Form
- Treatment Agreement
- Insurance Information Form
- Tuberculosis (TB) Screening Questionnaire
- Non-Student Privacy Practice Notice

Prior to opening these pages to complete your entrance requirements:

- 1. Gather your health records, including medication and immunization records.**
- 2. Review your records and your family health history with family members.**

Form Name	Status
Immunization History Form 5	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Health History Form 6	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Treatment Agreement	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Insurance Information Form 4	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Tuberculosis (TB) Screening Questionnaire 7	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Non-Student Privacy Practice Notice	Not Yet Complete: Please provide the requested information with special attention to the required fields.