

## University of Lethbridge Health Centre

PATIENT - INFORMATION					
LACTNIANE	T NI A NA E	INUTIAL			
LAST NAME:	LEGAL FIRST NAME:			INITIAL:	
PREFFERED NAME:		SEX:	М	F	0
Date of Birth (DD/MM/YYYY):		PHONE NUMBER:			
Alberta Health Care or Out of Provinc	e Health Care Numb	oer:			
Lethbridge Address:			Postal Code:		
Student ID: Uleth En	mail:				
*If health care is outside of Albe	erta please provide	the <u>provincial</u> perma	anent address:		
Permanent Address:					
City:	Province:		Postal Code:		_
INTERNATIONAL STUDENT:	YES	NO			
FAMILY DOCTOR: Dr.		City:			
LIFESTYLE QUESTIONS:					
Exercise: How often do you do moderate exercise?		no exercise 0-15 minutes 15-30 minute 30 + minutes	s per day		urs per week ours per week
Tobacco/Nicotine Use: Do you use	tobacco/nicotine p	roducts? YES		NO	
If YES, how	v much do you use	e in a day?		<u></u>	
Are you into	erested in quitting?	YES	NO		