

University of Lethbridge Health Centre

PATIENT - INFORMATION						
LAST NAME:	LEGAL FIRS	IRST NAME:		INITIA	INITIAL:	
PREFFERED NAME:		SEX:	М	F	0	
Date of Birth (DD/MM/YYYY):	F	PHONE NUMBER: _				
Alberta Health Care or Out of Provi	nce Health Care Numbe	er:				
Lethbridge Address:			Postal Code	::		
Student ID: Uleth *If health care is outside of Al						
Permanent Address:						
City:	Province:	vince: Postal Code:				
INTERNATIONAL STUDENT:	YES	NO				
FAMILY DOCTOR: Dr LIFESTYLE QUESTIONS:		City:				
Exercise: How often do you do moderate exercise?		no exercise 0-15 minutes 15-30 minutes 30 + minutes	s per day es per day		hours per week hours per week	
Tobacco/Nicotine Use: Do you use	e tobacco/nicotine pro	oducts? YES		NO		
If YES, ho	ow much do you use i	in a day?		<u> </u>		
Are you in	nterested in quitting?	YES	NC)		
	?YES y drinks do you have per: Day We	•	 Year			