



University of Lethbridge Health Centre

PATIENT - INFORMATION

LAST NAME: _____ LEGAL FIRST NAME: _____ INITIAL: _____

PREFERRED NAME: _____ SEX: M F O

Date of Birth (DD/MM/YYYY): _____ PHONE NUMBER: _____

Alberta Health Care or Out of Province Health Care Number: _____

Lethbridge Address: _____ Postal Code: _____

Student ID: _____ Uleth Email: _____

***If health care is outside of Alberta please provide the provincial permanent 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 OR 0-2.5 hours per week
 0-15 minutes per day 2.5 + hours per week
 15-30 minutes per day
 30 + minutes per day

Tobacco/Nicotine Use: Do you use tobacco/nicotine products? YES NO

If YES, how much do you use in a day? _____

Are you interested in quitting? YES NO

Alcohol Use: Do you drink alcohol? YES NO

How many drinks do you have on average? _____
per: Day Week Month Year