University of Lethbridge Health Centre

Reset

PATIENT - INFORMATION

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

PREFFERED 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
- ☐ 0-15 minutes per day
- ☐ 15-30 minutes per day
- ☐ 30 + minutes per day

OR

- ☐ 0-2.5 hours per week
- ☐ 2.5 + hours per week

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

Save Print

Please email completed form to **health.centre@uleth.ca**