



Health Centre

SU020, 4401 University Drive W

Phone: 403-329-2484 Email: health.centre@uleth.ca

Patient Identification Information

Last Name: _____ Legal First Name: _____

Preferred Name: _____ Date of Birth (DD/MM/YYYY): _____

Sex (as seen on Health Card): ☐ M ☐ F

Gender Identity: ☐ Woman ☐ Man ☐ Non-binary ☐ Two-Spirit ☐ Self-describe: _____

Preferred Pronouns: _____

Are you currently registered as a student at the University of Lethbridge? ☐ Yes ☐ No

Are you an International Student? ☐ Yes ☐ No

Do you have Alberta Health Care? ☐ Yes ☐ No

If you answered **No** to the above statement, which Province is your Health Care from? _____

Health Care Number: _____ Student ID Number: _____

Address/Phone Number

Local Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Cell/Home Phone Number: _____

Uleth Email: _____

If health care is outside of Alberta, please provide the provincial permanent address

Permanent Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Additional Information

Do you have a Family Doctor? ☐ Yes ☐ No

If you have a Family Doctor, please provide their information:

Family Doctor (Name/Clinic/City): _____