PrimeCare+
MEDICAL CLINIC

508 – 15th Avenue S.W.
Calgary, AB
T2R 0R2
(403) 398-5449

PATIENT INFORMATION

(PLEASE PRINT)

Alberta Health Care #: _____

Date of Birth: _____/_____/_____ Male □ Female □
Year Month Day

Last Name First Name Middle Name

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Numbers

Home: _____ Work: _____

Cellular: _____

Email Address (Personal):_____

Marital Status:

Married □ Common Law □ Single □

Divorced □ Widowed □ Child □

Occupation: _____

Employer: _____

Current Medication(s):_____

_____

_____

Allergies: _____

_____

Your information will be kept strictly confidential and will only be shared with other health care providers in relation to your health care needs.