



Carewell Medical Clinic

infant • youth • geriatrics

202 - 580 Acadia Dr. SE
Calgary, Alberta
Phone: 587-318-7156 Fax: 403-258-1184

PATIENT INFORMATION & REGISTRATION FORM (PLEASE PRINT)

Patient's Last Name: _____ First Name: _____

Email: _____ Preferred Name: _____

Middle Name: _____ Initial: _____ Mr. / Mrs. / Miss / Ms
(Please Circle One)

Birth Date : Day _____ Month _____ Year _____ Age _____ Sex: M or F

Marital Status Single/ Married/ Divorced /Separated /Widowed
(Please Circle One)

Health Care Number _____

Is this an Alberta Health Care Number? Yes / No Province: _____

Street Address: _____

City: _____

Province: _____ Postal Code: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____

Your Occupation: _____

Spouse/Parent/Guardian's Name _____ Relation: _____

How did you hear about our clinic? _____

Preferred Pharmacy? _____

PATIENT SIGNATURE _____ DATE: _____

PLEASE FAX TO 403-258-1184