

# Saluté Family Medicine

## PATIENT DEMOGRAPHICS FORM

All information contained in this form are strictly confidential and will become part of your medical record.

		<b>Date of birth:</b> (M/D/Y)
<b>Alberta Health Care Number:</b>		
<b>Name</b> (Last, First, M.I.):		<b>Sex (genetically)</b> <b>Preferred Pronoun</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>CONTACT INFORMATION</b>		
<b>Address:</b>		
<b>City:</b>		<b>Postal Code:</b>
<b>Home Phone:</b>	<b>Business:</b>	<b>Cell:</b>
<b>Preferred Contact Number:</b>		
<b>Email:</b>		
<b>Preferred Appointment Confirmation Method:</b> <input type="checkbox"/> Phone: _____ Safe to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email <input type="checkbox"/> Text message		
<b>Emergency Contact:</b>		
<b>Preferred Pharmacy:</b>		

Please check that you have included your **Alberta Health Care Number!**

Submit your completed form to Saluté by one of the following options:

Email - [admin@salutefamilymedicine.ca](mailto:admin@salutefamilymedicine.ca)

Mail - #304, 1010 - 1 Avenue NE, Calgary AB T2E 7W7

Fax - 403-800-3055

Dropping it off at the clinic

We will then give you a call to set up an appointment for an Introductory Health Visit.