CLB4A – Reading –Skill USING – Read this letter and then fill in the form on the second page with all of the person's information. (GETTING THINGS DONE)

Zoey Smith
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Hey Jim,   December 1, 2021

I hope this finds you well. I'm writing all the way from Ottawa, Ontario. Have you ever experienced an Ottawa winter? They are cold, but beautiful. Living on Riverside Drive here in Ottawa is not the same as in Windsor because I am not on the water. However, I can catch the bus in front of my building.

Anyways, I'm writing to update you on my life here.

Last month, I visited the doctor and it was one of the first times I went alone. I had to answer so many personal questions, so I called my sister on the phone to help me because she knows more history than I do. Trisha is definitely my emergency contact. Luckily, we both live in the same building and I only have to remember that her apartment number is 401 and mine is 501.

I came to the doctor because I was feeling tired all the time. I am only allergic to peanuts, but it's not that bad. Maybe it's a clue that I am getting older! I did turn 36 last February 15.
I hope this letter isn't too personal and you are having a great week.

Say hi to Kathy!

Love

Zoey Smith

PERSONAL INFORMATION:

Today's Date: _____

FIRST NAME: _____   LAST NAME: _____

HOME ADDRESS: _____

CITY: _____   PROVINCE: _____   POSTAL CODE: _____

DATE OF BIRTH (dd-mm-yyyy) _____   AGE: _____

SEX: ____ MALE   ____ FEMALE   ____ OTHER   INSURANCE: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____   RELATIONSHIP: _____

PHONE: _____

MEDICAL CONDITIONS:

Are you taking any medications right now?   ____ YES   ____ NO

IF YES, write them here: _____

Has anyone in the family ever had: High blood pressure.   ___YES   ____NO

Asthma   ___YES   ____NO

Diabetes.   ___ YES   ____NO

ALLERGIES:

FOOD   _____ YES   _____ NO   If yes, what? _____

PLANTS   _____ YES   _____ NO   If yes, what? _____

MEDICINES   _____ YES   _____ NO   If yes, what? _____

SIGNATURE: _____   DATE: _____