Keski-Pohjanmaan sosiaali- ja terveyspalvelukuntayhtymä

Form on case history: doctor's reception

Physiatrics and rehabilitation assessment

Please fill in this form on your case history carefully and take it with you to the reception. The information given on this form is confidential and helps us to carry out your care.

Family name		Given names
Social security number	Address	
Post code	Town	Municipality of residence
Telephone number/home		Telephone number/work
Occupation		Employer

Height	Weight	Age

☐ a cardiovascular disease	☐ epilepsy	☐ a stroke
☐ high blood pressure	☐ repeated headache	☐ a mental health disorder
☐ a pacemaker	☐ rheumatism	☐ cancer
☐ asthma, lung disease	☐ thyroid disease	☐ a venous thrombosis
☐ diabetes	☐ a stomach ulcer	☐ a pulmonary embolus
☐ a blood disorder, anaemia	☐ a kidney disease	☐ an infectious disease (hepatitis B, C or an HIV infection)
☐ tendency to bleed easily	☐ a liver disease	

☐ an endoprosthetis or foreign material in the body, where:

☐ some other systemic diseases, what:

Past operations (operation and year):
Are you pregnant or breastfeeding

Your current state of health:	☐ good	☐ fairly good	☐ bad	
Smoking:	☐ no	☐ yes	cigarettes/day	how long
Alcohol use:	☐ I don't use	☐ I use	drinks/week	

The medication you use (the name of the medicine, its strength and dose, e.g. Panadol 500 mg 1 x 3):

Physical activity (type of activity/sport, times/week, length minutes/occasion):
Do you use a medicine that affects blood coagulation (e.g. Marevan, Plavix, Primaspan), what:
Are you hypersensitive or allergic to medicines or other substances, what:
Other further information:
What do you wish for concerning your visit to the reception:

Date

Signature

Name in block letters

The form has been approved by: chief specialist Katja Tuliniemi 16.3.2017