The Wellbeing Services County of Pirkanmaa

Funded by the European Union NextGenerationEU

Preliminary information form for health care and treatment plan 3.0
(not archived)

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You have an appointment on: ____ / ____ 20 ____ at _____

This preliminary information form you have filled out will be used to help us draw up a health care and treatment plan for you together with you. The purpose of the health care and treatment plan is to support you in maintaining your own health and in the self-care of illnesses. There are also free-format questions in the questionnaire, and we hope that you will tell us about matters that press your mind so that we can take your situation into account more comprehensively. Take this preliminary information form and recent home monitoring forms (e.g. blood pressure, blood sugar, PEF, weight) with you to the appointment.

Name:	Date of birth:
The following person helped me in filling out the form:	Date:

My health problems and illnesses:

Has either one of your parents had a myocardial infarction?
No ☐ Yes ☐ I do not know ☐
Has either one of your parents had a stroke?
No ☐ Yes ☐ I do not know ☐

Sleep and mood:

I think I sleep well enough: No ☐ Yes ☐

The following things bring me joy / help me cope in everyday life:

My assessment of my condition and my wish for change:

Surgeries / endoscopic examinations performed, and year:

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Allergies (medication, food etc.):

Nicotine products, alcohol and other intoxicants:

Smoking

No ☐ Yes ☐ cigarettes per day Stopped smoking in year

I use other nicotine products (e.g. snuff, nicotine bag or e-cigarette)

No ☐ Yes ☐ Please specify what and how much

I use alcohol:

No ☐ Yes ☐ servings per week (1 serving = 0.33 l medium beer / 0.12 cl wine / 4 cl spirits)

I use other substances (e.g. drugs):

No ☐ Yes ☐ Please specify

I experience challenges in managing substance use or other addictions (e.g. narcotics and gambling):

No ☐ Yes ☐

People close to me have been worried about one of the above:

No ☐ Yes ☐

Weight:	**Height:**

Social and health care units participating in my care (e.g. a private doctor, occupational health care, Tampere University Hospital):

Housing:

Apartment building ☐ Terraced house ☐

Semi-detached house / detached house ☐ Service housing ☐

Other ☐ Please specify

Describe your housing in more detail (e.g. do you live together with someone):

Work situation / subsistence:

Student ☐ Working ☐ Unemployed ☐ Pensioner ☐

Other ☐ Please specify

On sick leave ☐ On rehabilitation allowance ☐ Please specify the period of time:

Hobbies and physical activity:

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Driving license and firearms permit information:

Driving license No ☐ Yes ☐ Driving license category:

Firearms permit No ☐ Yes ☐

Need for assistance (e.g. washing, cleaning, paying bills, going shopping):

Assistive equipment:

No ☐ Yes ☐ Please specify

Guardianship:

Has not been appointed ☐ Yes, but not valid for the time being ☐ Yes, valid ☐

More detailed information:

Eating

I eat almost every day:

Breakfast ☐ Lunch ☐ Snack ☐ Dinner ☐ Evening snack ☐

Positive things about my eating habits:

Considerations related to my eating (e.g. meal rhythm, varied nutrition, or challenges):

Oral health:

I have been examined by an oral hygienist or a dentist in the past two years (excluding emergency visits):

No ☐ Yes ☐

I have experienced physical (e.g. pain), mental or social discomfort in the state of health of my mouth or teeth during the past month:

No ☐ Yes ☐

Latest vaccinations (You can also take the vaccination information with you to the appointment):

Received/planned rehabilitation (e.g. medical rehabilitation or rehabilitative psychotherapy):

I would like to discuss the following topics with a professional (e.g. exercise, sexual health, challenges in everyday life):

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MEDICATION USED BY ME			
Medicine and its strength For example, Atorvastatin 20 mg	Dose 1 tablet x 1	Purpose of use For high cholesterol	Tick if you only use the medicine if needed
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

SELF-CARE MEDICATION AND BIODYNAMIC PRODUCTS			
Medicine and its strength	Dose	Purpose of use	
			☐
			☐
			☐
			☐

Clear form