OULU | Sivistys- ja kulttuuripalvelut

Health and activity, Personal information form

Physical activity office, City of Oulu

Personal information

Last name	First and second names	Phone
Address	Zip code	City
E-mail address		

Background

The reason for seeking advice

The referring doctor/nurse

Your current exercise

How often do you exercise in your free time?

	once a month	2-3 times a month	Once a week	2-3 times a week	4-6 times a week	every day
Light exercise, no sweat or increased breathing	☐	☐	☐	☐	☐	☐
Moderate exercise, sweat/increased breathing	☐	☐	☐	☐	☐	☐

How long does your exercise session last?

	0 minutes	less than 20 minutes	20-39 minutes	40-59 minutes	1-1,5 hours	>1,5 h
Light exercise, no sweat or increased breathing	☐	☐	☐	☐	☐	☐
Moderate exercise, sweat/increased breathing	☐	☐	☐	☐	☐	☐

What kind of exercise do you like?

State of your health

	yes	no
Do you have any cardiovascular (heart) or respiratory (lungs) diseases diagnosed by a doctor? If yes, please specify:	☐	☐
Do you have chest pain or shortness of breath at rest	☐	☐
when exercising	☐	☐
Do you have high blood pressure/Has your doctor said that your blood pressure is often high?	☐	☐
Do you often feel dizzy or like you could faint?	☐	☐
Have you been diagnosed with an inflammatory joint disease by your doctor?	☐	☐
Do you have back pain? Other chronic/long-term musculoskeletal (muscles/bones) disorders? If yes, please specify:	☐	☐
Do you have any other health issues that prevent you from exercising? If yes, please specify:	☐	☐

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Have you had a fever, a flu, a stomach flu or abnormal fatigue during last 2 weeks? If yes, please specify:	☐	☐

Medication

Are you regularly taking any medication?

☐ no ☐ yes (please, specify):

Please, describe your current situation:

	I'm satisfied	I need some adjustments	I need a change
Exercise	☐	☐	☐
Sleep	☐	☐	☐
Waist circumference	☐	☐	☐
Diet	☐	☐	☐
Stress level	☐	☐	☐

Smoking and alcohol use

Have you been smoking regularly during last 2 weeks?	☐ yes	☐ no
Have you had more than 2 servings of alcohol during last 24 hours?	☐ yes	☐ no

Signature

Date and place	Signature and name in block letters

Exercise instructions