



Date

School/Programme			
PERSONAL DATA			
Name	Date of birth	Place of birth	
Address in Finland			
Telephone	Insurance	Yes	No
Closest relative or contact person			Telephone
Starting date of studies?		Planned graduation date?	
Previous education / occupation?			
Current occupation, if any			
HEALTH			
Physical condition?	Strong	Average	Weak
Hobbies?			
Do you have any long-term diseases?			
Any hospitalizations / operations?			
Any allergies to medicine?			
Do you have or have you had any of the following?			
More information			
Allergies	No	Yes	
Rashes / Eczema	No	Yes	
Neck / back problems	No	Yes	
Stomach problems	No	Yes	
Liver diseases / hepatitis	No	Yes	
Ear / eye problems	No	Yes	
HIV	No	Yes	
How do you feel about your studies?			
Are you lonely, depressed or stressed?			
MEDICATION AND VACCINATIONS			
Are you using any prescription medication? If yes, what?			
Are you taking any non-prescription medication or vitamins etc.?			
Have you had any of the following vaccinations? Year?			
Polio	Tetanus/difteria	Morbilli/Parotitis/Rubella	
Have you had any of the diseases above?			

EATING AND WEIGHT

Are you on a special diet?

Do you think you should change your eating habits? How?

Are you satisfied with your weight?

SMOKING AND DRUGS

Do you smoke or use chewing tobacco?	No	Yes	How much?/day/week
Have you used or tried drugs?	No	Yes	What?
Do you use alcohol?	No	Yes	How much?/week/month
Do you feel need to change your drinking habits?	No	Yes	

OTHER

Questions for women

Do you have any gynaecological problems?

When was your last pelvic examination?

Have you been taken a Papa-test?

Last result?

Is your menstrual period regular?

Are you using contraception?

Do you need advice on contraception?

Questions for men

Do you have any genital problems?

Do you have stinging when urinating?

Do you have any more questions?

NOTES FOR THE PUBLIC HEALTH NURSE

RR	Lenght	Weight	BMI	Lab	