Metropolia
University of Applied Sciences
HYMY-VILLAGE

Preliminary Health Information Form

All the information you provide is confidential and is only used by social and health care workers in HyMy village.

PERSONAL AND CONTACT INFORMATION

SURNAME:	
FIRSTNAME(S):	
SOCIAL SECURITY NUMBER:	
HOME ADDRESS:	
POSTAL CODE AND CITY:	
PHONE NUMBER:	
E-MAIL ADDRESS:	
GUARDIAN INFO OF A MINOR:	
LANGUAGE OF BUSINESS:	
HYMY-VILLAGE FILLS:	
ID HAS BEEN CHECKED	___ . ___ . 20___

CONSENT FORM

☐ My data, from which my personal data and other identification data have been removed, may be used for the development and research of HyMy village's functions. My consent applies to researchers and the authors of theses who are under the guidance of teachers or researchers.

☐ You can contact me about the possibility of participating in a scientific or applied research conducted in HyMy village.

☐ You can send me marketing messages for the services and products of HyMy village by e-mail. The information is never disclosed to third parties.

BACKGROUND INFORMATION REGARDING HEALTH STATUS

Please answer the questions below thoroughly.

DIAGNOSED ILLNESSES: (DIAGNOSIS AND YEAR)	
SURGERIES UNDERGONE: (OPERATION AND YEAR)	
ON-GOING MEDICATION AND NATURAL PRODUCTS:	
DIAGNOSED ALLERGIES AND HYPERSENSITIVITIES:	
FOREIGN OBJECTS IN THE BODY THAT AFFECT TREATMENT:	☐ PACEMAKER ☐ ARTIFICIAL JOINT ☐ OTHER METAL OBJECTS IN THE BODY ☐ OTHER, WHAT?
CONTAGIOIUS DISEASES THAT AFFECT TREATMENT:	☐ HIV ☐ HEPATITIS B/C ☐ ESBL ☐ MRSA ☐ OTHER, WHAT?
OTHER CONSIDERATIONS FOR TREATMENT?	

Date ____/____20__

Signature or Legal Guardians Signature

www.metropolia.fi/hymykyla
Myllypurontie 1
00920 Helsinki