

OXYTERRA RS

Full Name: _____

Date of Birth: _____

Gender/Sex (circle the appropriate option): Male Female Other

Date of visit: _____

Contact information (phone, email): _____

Height (cm): _____

Weight (kg): _____

Body Mass Index (BMI = weight (kg) / height²): _____

Main complaints of the person (list symptoms or conditions): _____

Training goals (for example, improving physical endurance, blood pressure correction, rehabilitation after illness, etc.): _____

Chronic diseases: _____

Acute diseases in the last 6 months: _____

Medications taken (list): _____

Physical activity level: low, moderate, high (describe in free form if needed): _____

Before the study, it is necessary to sit calmly for 10 minutes. Measure in the same order while at rest:

Date	Blood pressure (BP)	Heart rate (HR)	Saturation (SpO2)	FEV ₁	Genchi test

Additional tests (list and attach, such as ECG, blood tests, spirometry – if necessary and available):

Have you previously undergone a course of IHT (Interval Hypoxic Training)? If yes, when was the last time? _____

Training protocols

Nº	Date	Hypoxic dose (min)	Normoxic/ Hypoxic dose (min)	O ₂ (%)	HR before IHT	HR after IHT	SPO ₂ before IHT	SPO ₂ after IHT	BP before IHT	BP after IHT
Comments:										
Comments:										
Comments:										
Comments:										
Comments:										