

7. Filling Out a Health History

- Objectives** Learners will:
- Review making appointments.
 - Fill out health history.
 - Be able to recognize (using native-language dictionaries) basic vocabulary that may appear on a health history (e.g., high blood pressure, cancer, heart disease, anemia, pneumonia, surgery, diabetes, kidney disease, asthma diarrhea, hepatitis, tuberculosis, allergy).

- Materials Needed**
- Board or chart paper
 - Markers
 - Telephone
 - Video camera (optional)
 - Audio CD (“What’s your name?”)
 - Handouts: 7a (Role Play cards), 7b (Medical Vocabulary), 7c (Medical History form [3 pages]), 7d (Listening), 7e (Information Gap)

Activity 1 **Review and** **Extension:** **Making an** **Appointment**

1. Using a telephone, role play making an appointment. The teacher should take the part of the receptionist for a few students.
2. Write on the board: “tired,” “friendly,” “busy,” “not friendly.” Check that the students know the meanings of these words.
3. Try the role play with 3 more students (with teacher as receptionist), but without telling the students which one you are playing. Do it as one of the four adjectives above. Students can guess.
4. Write on the board: “can’t speak English,” “nervous,” “worried about health,” “in a hurry.” Check for comprehension of these words.
5. Role play with one or two students, with teacher as patient. Students can guess which you are portraying.
6. Pass out the role play cards. Ask students to make a dialogue (improvised). Circulate and offer suggestions as needed.
7. Ask students to demonstrate for the class. Class should guess which characteristic they are portraying. Practice variations on the patient/receptionist dialogues (worksheet 7a), but let the class improvise instead of reading the scripted dialogues.
8. Ask for volunteers to share their role plays with the class.

[*Rationale for adding characteristics:* It adds a sense of reality to the situation. In everyday life, we encounter people in different moods.]

Extension: If you have a video camera, tape some of the conversations. Replay for the class.

Activity 2 Health History

1. Tell the class, “Today we will fill out a health history.” Write “Health History” on the board. Ask, “What is a history?” Explain.
2. Ask, “What does the doctor need to know about your history?” [Elicit some major illnesses and write them on the board] “Why?”
3. Pass out worksheet 7b, Medical Vocabulary.
4. Ask learners to read the list and circle the terms they know.
5. Ask them to look up the other words in their dictionaries or ask their classmates for help.

Activity 3 Filling in a Medical History

Pass out the Medical History form (worksheet 7c). Assist learners in completing the form. (They should use their medical vocabulary sheet to help themselves.) You may want to break the history into several parts, and discuss each part separately.

[*Note:* Because these are beginning-level students, this will likely pose some language challenges. Allow them to translate for each other and use native-language dictionaries as needed.]

As a class, go over the Medical History form.

[*Note:* You can find another form at www.pamf.org/forms/143952_Adult_Med_Hx.pdf.]



Activity 4 Health History Dialogues

Ask the learners to listen to the recorded health histories [on CD] and fill in the chart (worksheet 7d).

Activity 5 Practice with Oral Health History

Hand out the Information Gap activity (worksheet 7e). Model the activity for the class, then have learners practice with a partner.

<p>#1 Receptionist: You are very tired.</p>	<p>#1 Patient You don't feel well. You are nervous about your health. You ask many questions.</p>
<p>#2 Receptionist: You are very busy. You have many phone calls. The phone rings and rings. You have to say, "please hold" to the patient.</p>	<p>#2 Patient: You don't understand English. You must say "excuse me."</p>
<p>#3 Receptionist: You are having a bad day. You are not friendly.</p>	<p>#3 Patient: You are very nervous about speaking English.</p>
<p>#4 Receptionist: You like talking to people. You ask a lot of questions.</p>	<p>#4 Patient: You are in a hurry. You are late for your job. You want to get the information quickly.</p>

Medical Vocabulary

1. Circle the words that are new for you.
2. Find the translation in your dictionary, or ask a classmate who speaks your language.

English	My language
Allergies	
Anemia	
Anxiety	
Blood	
Cancer	
Chicken pox	
Cholesterol	
Depression	
Diabetes	
Diarrhea	
Dizziness	
Fatigue	
Heart disease	
Hepatitis	
Kidney	
Mammogram	
Measles	
Memory	
Prostate surgery	
Tuberculosis	
Vision	

Medical History

Name

Date of Birth

Address

Phone number

Single Partner/Married Divorced Widowed

Do you have children? Ages of children (under 21) _____

How is your health? Excellent Good Fair Poor

What is the reason for your visit today?

Are there any other reasons?

Do you have any ALLERGIES or REACTIONS TO MEDICINES? (Please list.)

Check the **immunizations** you have had:

- Hepatitis A Date _____ Hepatitis B Date _____
 Influenza (flu shot) Date _____ Measles Date _____)
 Rubella Date _____ Tetanus (Td) Date _____
 Varicella (chicken pox) Date _____

HEALTH SCREENING TESTS:

Cholesterol) Date _____ Normal? Yes No Don't Know

Colonoscopy Date _____ Normal? Yes No Don't Know

Women: Mammogram Date _____ normal? Yes No Don't Know

Pap Smear Date _____ Normal? Yes No Don't Know

Men: PSA (prostate) Date Normal? Yes No Don't Know

Please check any symptoms you have now or in the past.

	Past	ow
Fevers/sweats		
Abdominal (stomach) pain		
Allergies		
Anemia		
Anxiety/stress		
Blood in bowel movement		
Cancer		
Cough		
Dizziness		
Depression		
Diabetes		
Diarrhea		
Eyes (vision problems)		
Fatigue		
Headaches		
Hearing Problems		
Heart disease		
Heart: problems (chest pain, palpitations, other)		
High blood pressure		
High cholesterol		
Kidney problem		
Memory loss		
Rash		
Sleep problem		
Tuberculosis		
Vomiting		
Weight loss or gain		

What medications do you take? (Prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs)

SURGERY (OPERATIONS): Please list all operations (surgery) (with dates).

FAMILY HISTORY

	Family member (brother, sister, mother, father, grandparent)
Cancer (include type, for example: colon, breast, etc.)	
High Blood Pressure	
Heart Disease	
Diabetes	

SMOKING

Cigarettes: Never Quit Date:
 Current Smoker: packs/day # of years
 Other Tobacco: Pipe Cigar Snuff Chew

Alcohol

Do you drink alcohol? No Yes How many drinks per week? _____

DRUGS

Do you use any recreational drugs? No Yes
 Have you ever used needles to inject drugs? No Yes

CAFFEINE	How many cups per day?
Coffee	
Tea	
Soda	

DIET: How is your diet?

Good Fair Poor

EXERCISE: Do you exercise regularly? No Yes

SAFETY:

Do you use a bike helmet? No Yes NA
 Do you use seatbelts in the car? No Yes NA
 Is VIOLENCE at home a concern for you? No Yes
 Have you ever been ABUSED? No Yes
 Do you have a GUN in your home? No Yes

Adapted from http://www.pamf.org/forms/143952_Adult_Med_Hx.pdf

Name _____

Date _____

Directions: Listen to the patients telling the nurse their health history. Fill in the information you hear.
The first one is done for you.

	Patient #1	Patient 2	Patient 3	Patient 4	Patient 5
Last Name	L-E-O-N-G	G-O-N-S-A-L-E-S	M-I-L-L-E-R	R-A-M-I-R-E-Z	W-A-L-K-E-R
Date of Birth	3-27-64.	5.7.78	6- 18-81	9.12.55	1-17-72
Surgery?	knee	none	hand	heart surgery	no
Allergies	penicillin	flowers	peanuts	none	dust
Medication	For stomach	----	no	Cough medicine Cold medicine	Claritin
Family History	----	----	----	----	
cancer	mother	----	grandfather	no	no
diabetes	no	mother	no	mother	no
Heart disease	Sister, father	father	father	father	brother

Session 7 – Activity 4 (1A)

Nurse: What's your name?

Patient: My name is Jasifa.

Nurse: And your last name?

Patient: My last name is Gonsales.

Nurse: Could you spell that?

Patient: G-O-N-S-A-L-E-S.

Nurse: What's your date of birth?

Patient: My date of birth is May 7th 1978.

Nurse: Have you ever had surgery?

Patient: No.

Nurse: Do you have any allergies?

Patient: Yes I do.

Nurse: What are your allergies?

Patient: I'm allergic to the flowers.

Nurse: Mhmm. Is there any family history of cancer?

Patient: No.

Nurse: How about heart disease?

Patient: Yes.

Nurse: And who would that be?

Patient: That is my father.

Nurse: What about diabetes?

Patient: Yes.

Nurse: And who would that be?

Patient: That is my mother.

Nurse: Ok. Alright, now we're going to do the examination. So if you'll come sit over here please.

Session 7 – Activity 4 (1B)

Nurse: What's your name?

Patient: My name is Ben Miller.

Nurse: Is that M-I-L-L-E-R?

Patient: Yes.

Nurse: Ok. And your date of birth?

Patient: June 18th, 1981.

Nurse: Have you ever had surgery?

Patient: Yes, on my hand.

Nurse: And when was that?

Patient: Three years ago.

Nurse: That would be, 2002?

Patient: 2003.

Nurse: Mhmm. Any other surgeries?

Patient: No.

Nurse: Ok, do you have any allergies?

Patient: Yes, I am allergic to peanuts.

Nurse: Are you taking any medications?

Patient: No.

Nurse: Is there any family history of cancer?

Patient: Yes, my grandfather.

Nurse: What about family history of diabetes?

Patient: No.

Nurse: Heart disease?

Patient: Yes, my father.

Nurse: Ok. Now we'll do the examination. If you'll sit over here, please

Session 7 – Activity 4 (1C)

Nurse: What's your name?

Patient: My name is Carlos Ramirez.

Nurse: Ramirez. Is that R-A-M-I-R-E-Z?

Patient: Yes.

Nurse: And what is your date of birth?

Patient: September 12th, 1955.

Nurse: September 12th, 1955. Ok. And, have you ever had any surgery?

Patient: Yes, I had a heart surgery like five years ago. 2000.

Nurse: Mmhmm. Ok. Any other surgery?

Patient: None.

Nurse: Do you have any allergies?

Patient: I don't have any allergies, doctor.

Nurse: Ok. No allergies. Are you taking any medications?

Patient: Oh yes. I'm taking some cough and cold medicines, like over the counter medicines.

Nurse: Mmhmm. No prescriptions?

Patient: No prescriptions.

Nurse: No prescriptions. And is there any family history of cancer?

Patient: No.

Nurse: What about diabetes?

Patient: Oh yes, my mother died of diabetes like three years ago.

Nurse: Mmhmm. And family history of heart disease?

Patient: My father died of a heart ailment like two years ago.

Nurse: Mmhmm. Ok. Then I think we're ready to do the examination. If you'll step this way p

Session 7 – Activity 4 (1D)

Nurse: What's your name?

Patient: Jenny.

Nurse: And your last name?

Patient: Leong.

Nurse: Could you spell that?

Patient: L-E-O-N-G

Nurse: Date of birth?

Patient: 3-27-54

Nurse: Have you ever had any surgery?

Patient: Yes. I had knee surgery.

Nurse: When was that?

Patient: 1989.

Nurse: Any other surgeries.

Patient: No.

Nurse: Do you have any allergies?

Patient: I'm allergic to penicillin.

Nurse: Are you taking any medication?

Patient: Yes. I forget the name. It's for my stomach. Here's the bottle

Nurse: Hmm. Any family history of cancer?

Patient: My mother had breast cancer.

Nurse: Any family history of diabetes?

Patient: No.

Nurse: Any family history of heart disease?

Patient: Yes, my sister and my father.

Nurse: Ok. Now we'll do the examination. Please sit over here.

A

Patient 1

Your partner will ask you some questions. Use this information for your answers.

Name: Lisa Wong

Birthdate: 4-23-71

Surgery:

None

Allergies:

Dogs

Family History:

Cancer: Mother

Diabetes: None

Heart Disease: Sister

Nurse 2

Ask your partner these questions. Write the answers here.

Nurse: What's your name?

Patient:

Nurse: And your last name?

Patient:

Nurse: Could you spell that?

Patient:

Nurse: Date of birth?

Patient:

Nurse: Have you ever had any surgery?

Patient:

Nurse: When was that?

Patient:

Nurse: Any other surgeries?

Patient:

Nurse: Do you have any allergies?

Patient

Nurse: Are you taking any medication?

Patient:

Nurse: Any family history of cancer?

Patient:

Nurse: Any family history of diabetes?

Patient: No.

Nurse: Any family history of heart disease?

Patient:

B

Nurse:

Directions: Ask your patient the questions. Write the answers.

Nurse: What's your name?

Patient:

Nurse: And your last name?

Patient:

Nurse: Could you spell that?

Patient:

Nurse: Date of birth?

Patient:

Nurse: Have you ever had any surgery?

Patient:

Nurse: Any other surgeries?

Patient:

Nurse: Do you have any allergies?

Patient:

Nurse: Are you taking any medication?

Patient:

Nurse: Any family history of cancer?

Patient:

Nurse: Any family history of diabetes?

Patient: No.

Nurse: Any family history of heart disease?

Patient:

Patient 2

Your partner will ask you some questions. Use this information for your answers.

Name: Luis Contreras

Birthdate: February 11, 1968

Surgery:

Heart Surgery – April 2004

Allergies:

Dust

Cats

Family History

Cancer: uncle, brother

Diabetes: mother

Heart Disease: sister