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| **EL Civics Objective 28.2 (Health Care) – BL**  **Task 1: Complete a Medical History Form** |
| **Language & Literacy Objectives:**  Complete a medical health history form.  Describe symptoms of an illness. |
| **INTRODUCTION** |
| Students will learn the information they are expected to provide when visiting a doctor’s office, urgent care or hospital. In addition, students will learn how to describe their past health history, as well as current symptoms, in order to complete an authentic (adapted) medical health form. |
| **ASSESSMENT TASK (12 points possible)** |
| The related task on the assessment requires students to use a provided personal history to fill out an authentic medical history form. The number and complexity of items is adapted for each language level. |
| **SUGGESTED ACTIVITIES** |
| * Review parts of the body and common ailments, illnesses & diseases (see Handout 6, plus many more handouts available in your EL Civics folder on your computer desktop). * Review the completed sample medical history form provided (Handout 4). Project it or give students print copies and ask questions about the patient. “What allergies does Michael have?” “Does he smoke?” * After reviewing the sample, have the students practice filling out their own medical history forms. Encourage them to create a “master” form to take to their doctor’s office, the hospital, etc. |

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| **HANDOUTS PROVIDED** |
| 1. Related Vocabulary 2. Discussion Questions 3. Introduction: Medical Health History 4. Comprehension: Read a Medical History Form 5. Practice: Fill out a Medical Healthy History Form 6. Answer Key: Fill out a Medical Healthy History Form |
| **COMPUTER LAB ACTIVITIES** |
| * Use Oxford Picture Dictionary software or web-based activities to review parts of the body, ailments, illnesses and diseases. * Create a bookmark or refrigerator magnet with list of local healthcare providers. * Create a “master” form to take to doctor’s office, etc. Type so that anyone else can clearly read if necessary. * Use the following website to create a family medical history:   [Surgeon General’s My Family Health Portrait](https://curehht.org/resource/family-health-portrait/) |

**Related Vocabulary**

**medical/health history**: list of past sicknesses, surgeries, ongoing sickness (like diabetes), & sicknesses that run in your family (like heart problems), what is wrong now, what hurts, etc.

**surgery**: when a doctor cuts a part of a person’s body to fix a problem.

**hospitalization**: when you have to stay at a hospital.

**reason for visit**: why you need to see the doctor now.

**Symptoms (What is wrong, what hurts):**

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| **headache**  [Person with a headache. Created by Amethyst Studio from Noun Project.](https://thenounproject.com/icon/headache-4134797/) | **insomnia**  **[Person with Insomnia. Created by Nithinan Tatah from Noun Project.](https://thenounproject.com/icon/insomnia-2406138/)** | **nausea/vomiting**  [Person with nausea. Created by Caputo from Noun Project.](https://thenounproject.com/icon/nausea-5165163/)[Person vomiting into toilet. Created by Muhammad Shabraiz from Noun Project.](https://thenounproject.com/icon/nausea-5911888/) |
| **vision problems**  [Person with vision problems. Created by Gan Khoon Lay from Noun Project.](https://thenounproject.com/icon/blurred-vision-2767347/) | **sore throat**  [Person with a sore throat. Created by Victoruler from Noun Project.](https://thenounproject.com/icon/sore-throat-3339149/) | **fatigue/weakness**  [Person suffering from fatigue and weakness. Create by hala from Noun Project.](https://thenounproject.com/icon/exhausted-6124787/) |

**Discussion Questions: Medical Health History**

1. In your country, where do people go when they are sick or hurt?
2. Do you visit the doctor alone? Or do you take someone who knows more English?
3. Can you fill out a medical history form? Do you need help with it?

**Introduction: Medical Health History**

A doctor wants to know about your past sicknesses and surgeries.

The doctor needs to know about any ongoing sicknesses (for example: allergies or diabetes).

The doctor also needs to know about the symptoms you have now (for example: headache or nausea).

At the doctor’s office or hospital, you fill out a form with your health history.

Common questions:

* *When was your last medical exam?*
* *What medications do you take?*
* *What permanent conditions (like diabetes) do you have?*
* *What are your habits? (drink? smoke? exercise?)*
* *Do you have children? How many?*
* *What health problems run in your family?*

**Comprehension: Read a Medical History Form**

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| Look for: | Name  Gender  Birthdate  Height  Weight  Street Address  City, State & Zip Code  Home phone number  Cell phone number  Surgeries  Reason for visit (symptoms) |

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| **MEDICAL HISTORY FORM** | | | | | | | | | | |
| **1. Name** *(Last, First, M.I.):* | | Johnson, Gloria P. | | | | **2.**🞎 M 🗹 **F** | | | **3. Date of Birth:**  **(MM/DD/YYYY)** | 03/18/1954 |
| **4. Height:** | 5’2” | | | **5. Weight:** | | | | 125 lbs. | | |
| **6. Street Address:** | 1234 Main Street | | | **7. City, State, Zip:** | | | | Anytown, CA 56789 | | |
| **8. Home Phone:** | (714) 555-2894 | | | **9. Cell Phone:** | | | | (714) 555-8837 | | |
|  | | | | | | | | | | |
| **PERSONAL HEALTH HISTORY** | | | | | | | | | | |
|  | | | | | | | | | | |
| **List surgeries/hospitalizations:** | | | | | | | | | | |
| Reason | | | | | Year | | | | | |
| **10.** Appendectomy | | | | | 1999 | | | | | |
|  | | | | | | | | | | |
| **REASON FOR TODAY’S VISIT** | | | | | | | | | | |
| **11/12. Check your symptoms:** | | | | | | | | | | |
| 🞎 Headaches | | | * Insomnia | | | | * Sore throat | | | |
| 🗹 **Fatigue/weakness** | | | * **Nausea/vomiting** | | | | * Vision problems | | | |

**Practice: Fill Out a Medical History Form**

*DIRECTIONS: Sandra feels sick. She needs to visit her doctor. Please fill out her form:*

Name: Sandra Michelle Jones

Gender: Female

Birthdate: 08/31/1970

Height & Weight: 5’9”, 150 lbs.

Address: 22230 Anza Avenue, Torrance, CA 90502

Phone: 310-555-2529 (home); 562-555-4891 (cell)

Hospitalizations: Cesarean Section (C-Section) in 2005

Symptoms: frequent headaches, blurred vision

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| **MEDICAL HISTORY FORM** | | | | | | | | | | |
| **1. Name** *(Last, First, M.I.):* | |  | | | | **2.** 🞎 M 🞎 F | | | **3. Date of Birth:**  **(MM/DD/YYYY)** |  |
| **4. Height:** |  | | | **5. Weight:** | | |  | | | |
| **6. Street Address:** |  | | | **7. City, State, Zip:** | | |  | | | |
| **8. Home Phone:** |  | | | **9. Cell Phone:** | | |  | | | |
|  | | | | | | | | | | |
| **PERSONAL HEALTH HISTORY** | | | | | | | | | | |
| **List surgeries/hospitalizations:** | | | | | | | | | | |
| Reason | | | | | Year | | | | | |
| **10.** | | | | |  | | | | | |
|  | | | | | | | | | | |
| **REASON FOR TODAY’S VISIT** | | | | | | | | | | |
| **11/12. Check your symptoms:** | | | | | | | | | | |
| * Headaches | | | * Insomnia | | | | | * Sore throat | | |
| * Fatigue/weakness | | | * Nausea/vomiting | | | | | * Vision problems | | |

**Answer Key: Fill Out a Medical History Form**

*DIRECTIONS: Sandra feels sick. She needs to visit her doctor. Please fill out her form:*

Name: Sandra Michelle Jones

Gender: Female

Birthdate: 08/31/1970

Height & Weight: 5’9”, 150 lbs.

Address: 22230 Anza Avenue, Torrance, CA 90502

Phone: 310-555-2529 (home); 562-555-4891 (cell)

Hospitalizations: Cesarean Section (C-Section) in 2005

Symptoms: frequent headaches, blurred vision

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| **MEDICAL HISTORY FORM** | | | | | | | | | | |
| **1. Name** *(Last, First, M.I.):* | | **Jones, Sandra M.** | | | | **2.** 🞎 M **🗹** **F** | | | **3. Date of Birth:**  **(MM/DD/YYYY)** | **08/31/1970** |
| **4. Height:** | **5’9” (5 feet, 9 inches)** | | | **5. Weight:** | | | **150 lbs. (pounds)** | | | |
| **6. Street Address:** | **22230 Anza Avenue** | | | **7. City, State, Zip:** | | | **Torrance CA 90502** | | | |
| **8. Home Phone:** | **(310) 555-2529** | | | **9. Cell Phone:** | | | **(562) 555-4891** | | | |
|  | | | | | | | | | | |
| **PERSONAL HEALTH HISTORY** | | | | | | | | | | |
| **List surgeries/hospitalizations:** | | | | | | | | | | |
| Reason | | | | | Year | | | | | |
| **10. C-Section (or Cesarean Section)** | | | | | **2005** | | | | | |
|  | | | | | | | | | | |
| **REASON FOR TODAY’S VISIT** | | | | | | | | | | |
| **11/12. Check your symptoms:** | | | | | | | | | | |
| * **Headaches** | | | * Insomnia | | | | | * Sore throat | | |
| * Fatigue/weakness | | | * Nausea/vomiting | | | | | * **Vision problems** | | |