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| **EL Civics Objective 28.2 (Health Care) – BH****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 in a Medical Healthy History Form
6. Answer Key: Fill out a Medical Healthy History Form
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| **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.

**allergy:** when a person sneezes, has itchy, red eyes, and/or has a runny nose when they are around things like cats, flowers, or dust.

**prescription medication**: medicine you can get only with a doctor’s note.

**over-the-counter medication**: medicine you can buy at any store, like CVS, Walgreens, or Target.

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

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| **headache**Person with a headache. Created by Amethyst Studio from Noun Project.  | **insomnia****Person with Insomnia. Created by Nithinan Tatah from Noun Project.** | **nausea/vomiting**Person with nausea. Created by Caputo from Noun Project.Person vomiting into toilet. Created by Muhammad Shabraiz from Noun Project. |
| **vision problems**Person with vision problems. Created by Gan Khoon Lay from Noun Project. | **sore throat**Person with a sore throat. Created by Victoruler from Noun Project. | **fatigue/weakness**Person suffering from fatigue and weakness. Create by hala from Noun Project. |
| **shortness of breath****Person with shortness of breath. Created by AomAm from Noun Project.** | **weight loss****Person who experienced weight loss. Created by Mar'atus Ratna Kurnia from Noun Project.** | **chest pain****Person having chest pains. Created by Gan Khoon Lay from Noun Project.** |

**Discussion Questions: Medical Health History**

1. In your country, where do people go when they are sick or hurt?
2. Describe a time when you or a family member had a serious medical problem and needed emergency care.
3. Do you visit the doctor alone, or do you take someone who knows more English?
4. Have you filled out a medical history form? Did you need help?

**Introduction: Medical Health History**

A doctor wants to know about your past sicknesses and.

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 are you taking?*
* *What illnesses have you had?*
* *What permanent conditions (like diabetes) do you have?*
* *What are your habits, such as:*
* *Do you drink? How much? How often?*
* *Do you smoke? How many packs a day?*
* *How often do you exercise?*
* *What surgeries have you had?*
* *Do you have children? How many?*
* *What health problems run in your family?*

**Comprehension: Read a Medical History Form**

Read the completed medical history form on the next page.

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| Look for information about: | Hospitalizations & illnessesFamily health historyAllergiesHealth habits (smoking, etc.) |

Answer the following questions:

* What is the patient’s full name?
* What is the patient’s gender?
* What is the patient’s birthdate?
* How tall is the patient? How much does he weigh?
* What is the patient’s home address?
* What is the patient’s home phone number? Cell phone number?
* Has this patient had any surgeries? If so, which ones?
* What is the patient’s reason for the current visit?

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

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

Name: Sandra Michelle Jones

Address: 22230 Anza Avenue, Torrance, CA 90502

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

Symptoms: frequent headaches, blurred vision

Current Medications: Lipitor, 20mg, once a day

Height & Weight: 5’9”, 150 lbs.

Birthdate: August 31, 1970

Gender: Female

Hospitalizations: Cesarean Section (C-Section) on 8/04/2005 at Torrance Memorial

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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 medications (prescription and over-the-counter):** |
| Name the Drug | Strength |
| **10.** |  |
| **List surgeries/hospitalizations:** |
| Reason | Year |
| **11.** |  |
|  |
| **REASON FOR TODAY’S VISIT** |
| **12. Check your symptoms:** |
| * Headaches
 | * Insomnia
 | * Sore throat
 |
| * Chest pain
 | * Nausea/vomiting
 | * Fatigue/weakness
 |
| * Shortness of breath
 | * Vision problems
 | * Weight loss
 |

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

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

Name: Sandra Michelle Jones

Address: 22230 Anza Avenue, Torrance, CA 90502

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

Symptoms: frequent headaches, blurred vision

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Hospitalizations: Cesarean Section (C-Section) on 8/04/2005 at Torrance Memorial

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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** |
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| **PERSONAL HEALTH HISTORY** |
| **List medications (prescription and over-the-counter)** |
| Name the Drug | Strength |
| **10. Lipitor** | **20mg** |
| **List surgeries/hospitalizations** |
| Reason | Year |
| **11. Cesarean Section (C-Section)** | **2005** |
| **REASON FOR TODAY’S VISIT** |
| **12. Check your symptoms:** |
| * **Headaches**
 | * Insomnia
 | * Sore throat
 |
| * Chest pain
 | * Nausea/vomiting
 | * Fatigue/weakness
 |
| * Shortness of breath
 | * **Vision problems**
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