

# CHINO VALLEY ADULT SCHOOL

## E. L. Civics Student Workbook

### Beginning Low – Beginning High Levels 1-2



#### **CIVIC OBJECTIVE 28.5:**

Access the health care system and be able to interact with the providers.

**Name:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Level:** \_\_\_\_\_



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# Task 1

## Make an Appointment



## STUDENT ACTIVITIES

## TASK 1 VOCABULARY: MAKE AN APPOINTMENT

Directions: Practice the vocabulary words.



**appointment**



**appointment card**



**doctor**



**headache**



**medical office /  
clinic**



**cough**



**sore throat**












**fever**



**cold**

## TASK 1 VOCABULARY: MAKE AN APPOINTMENT

Directions: Work with a partner. Ask each other: “What is number 1?”, “What is number 2?”

<p>1</p> 	<p>2</p> 	<p>3</p> 
<p>4</p> 	<p>5</p> 	<p>6</p> 
<p>7</p> 	<p>8</p> 	<p>9</p> 

## TASK 1 VOCABULARY: MAKE AN APPOINTMENT

Directions: Write the missing words under each picture.



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

## TASK 1 MAKE AN APPOINTMENT: PRACTICE SENTENCES

Directions: Practice using the vocabulary words in sentences.



**I want to make an appointment.**



**I need to check my appointment card.**



**I need to see a doctor.**



**I have a headache.**



**I'm going to the medical clinic.**



**I have a cough.**



**I have a sore throat.**



**I have a fever.**



**I have a cold.**

**TASK 1 MAKE AN APPOINTMENT: PRACTICE SENTENCES**

Directions: Write a sentence with a vocabulary word for each picture.



\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_

## TASK 1: READING AN APPOINTMENT CARD

Directions: Read the appointment card and answer the questions

<b>Bright Dental Clinic</b> 298 Fairview Road Chino, CA 91710			
<u>Julie Wong</u>			
HAS AN APPOINTMENT			
<b>Friday, November 15, 2024</b>			
DAY	MONTH	DATE	
AT: <b>10:30AM</b>			

1. What is the name of the clinic? \_\_\_\_\_
2. What is the address of the clinic?  
\_\_\_\_\_
3. What is the name of the patient? \_\_\_\_\_
4. What is the date of the appointment?  
\_\_\_\_\_
5. What is the time of the appointment? \_\_\_\_\_

(Adapted from: <https://en.islcollective.com/english-esl-worksheets/general-topic/dates/dentist-appointment-card/115099> )

### TASK 1: READING AN APPOINTMENT CARD (CONTINUED)

Directions: Read the appointment card and answer the questions

**Chino Medical Clinic**  
6378 Central Ave  
Chino, CA 91710



**Brandon Taylor**

HAS AN APPOINTMENT

**Monday, December 2, 2024**

DAY

MONTH

DATE

AT: **1:30PM**

1. What is the name of the clinic? \_\_\_\_\_
2. What is the address of the clinic?  
\_\_\_\_\_
3. What is the name of the patient? \_\_\_\_\_
4. What is the date of the appointment?  
\_\_\_\_\_
5. What is the time of the appointment? \_\_\_\_\_

(Adapted from: <https://en.islcollective.com/english-esl-worksheets/general-topic/dates/dentist-appointment-card/115099>)

### **TASK 1: READING AN APPOINTMENT CARD (CONTINUED)**

**Directions:** Look at each appointment card below and answer the questions.

**Chino Family Physicians**

**Appointment Card**

**Patient's Name:** Robert Stevens  
**Appointment Time:** 1:30PM  
**With:** Dr. Lopez

**Please arrive 10 minutes before your appointment.**  
**Please call (828) 459-7687 if you need to cancel your appointment.**

1. What is the patient's name? \_\_\_\_\_
  2. What is the Dr.'s name? \_\_\_\_\_
  3. What time should the patient arrive? \_\_\_\_\_
  4. What should he do if he needs to cancel his appointment?
- 

**Ontario Health Office**

**Appointment Card**

**Patient's Name:** Elizabeth Lee  
**Appointment Time:** 9:00AM  
**With:** Dr. Curtis

**Please arrive 15 minutes before your appointment.**  
**Please call (704) 892-5682 if you need to cancel or reschedule your appointment.**

5. What is the patient's name? \_\_\_\_\_
  6. Who is providing the medical care? \_\_\_\_\_
  7. What time should the patient arrive? \_\_\_\_\_
  8. What should she do if she needs to reschedule her appointment?
- 

(Adapted from: [https://www.nc-net.info/ELA/Caldwell/Year\\_2/Lesson\\_Plans/DrAppointment/drappointment-02.php](https://www.nc-net.info/ELA/Caldwell/Year_2/Lesson_Plans/DrAppointment/drappointment-02.php) )

## **TASK 1: MAKING AN APPOINTMENT TO SEE A DOCTOR**

**Directions:** Practice the role play with a partner using different medical problems.

**Receptionist:** Dr. Lee's office. How can I help you?

**Patient:** Hello. This is \_\_\_\_\_. I'd like to make an appointment.

**Receptionist:** What's the problem?

**Patient:** I have a bad \_\_\_\_\_.

**Receptionist:** Can you come in tomorrow at 10:30AM?

**Patient:** Tomorrow at 10:00AM? Yes. Thank you.

Medical Problems:			
stomachache	headache	backache	cough
earache	sore throat	fever	cold

**Directions:** Work with a partner to act out the role play:

### Role Play 1—Student A

You're a secretary in Doctor Wong's office. Someone is calling the office. You have only two appointments available—this afternoon at 4:45 and tomorrow morning at 10:00.

### Role Play 1—Student B

You have a stiff neck and a headache. You want to make an appointment with Doctor Wong. You need an appointment as soon as possible.

## TASK 1: MAKING AN APPOINTMENT TO SEE A DOCTOR (CONTINUED)

**Directions:** Read the role plays and fill out the appointment cards for the patient.

**Receptionist:** Dr. Martinez's office. How can I help you?

**Patient:** Hello. This is Nicholas Brown. I'd like to make an appointment.

**Receptionist:** Can you come in Monday, November 25 at 9:30AM?

**Patient:** Monday, November 25 at 9:30AM? Yes. Thank you.

**NEXT APPOINTMENT**

Day: \_\_\_\_\_

Time: \_\_\_\_\_

PLEASE ALLOW 24 HOURS NOTICE FOR CANCELLATION

**Receptionist:** Dr. Ali's office. How can I help you?

**Patient:** Hello. This is Melissa Wang. I'd like to make an appointment.

**Receptionist:** Can you come in Thursday, December 5 at 1:30PM?

**Patient:** Thursday, December 5 at 1:30PM? Yes. Thank you.

**NEXT APPOINTMENT**

Day: \_\_\_\_\_

Time: \_\_\_\_\_

PLEASE ALLOW 24 HOURS NOTICE FOR CANCELLATION

## TASK 1: MAKING AN APPOINTMENT TO SEE A DOCTOR (CONTINUED)

Directions: Read the role plays and fill out the appointment cards for the patient.

Receptionist: Dr. Kim's office. How can I help you?

Patient: Hello. This is Wendy Lee. I'd like to make an appointment.

Receptionist: Can you come in Wednesday, November 13 at 10:00AM?

Patient: Wednesday, November 13 at 10:00AM? Yes. Thank you.

<b>NEXT APPOINTMENT</b>	
Day:	_____
Time:	_____
PLEASE ALLOW 24 HOURS NOTICE FOR CANCELLATION	

Receptionist: Dr. Monroe's office. How can I help you?

Patient: Hello. This is Jacob Wilson. I'd like to make an appointment.

Receptionist: Can you come in Friday, October 18 at 2:00PM?

Patient: Friday, October 18 at 2:00PM? Yes. Thank you.

<b>NEXT APPOINTMENT</b>	
Day:	_____
Time:	_____
PLEASE ALLOW 24 HOURS NOTICE FOR CANCELLATION	

## TASK 1 READING: MAKE AN APPOINTMENT

**Directions: Practice the role play with a partner.**

Receptionist: Hello, Ontario Medical Offices. May I help you?  
Anna: Hello, I want to make an appointment to see Dr. Taylor.  
Receptionist: OK. What's your name?  
Anna: My name is Anna Garcia. G-A-R-C-I-A.  
Receptionist: Are you a new patient?  
Anna: No, I've seen Dr. Taylor before.  
Receptionist: Why do you want to see the doctor?  
Anna: I have a sore throat.  
Receptionist: I can give you an appointment today at 2:30. Is that okay?  
Anna: Yes, I can be there at 2:30PM.  
Receptionist: Do you have medical insurance?  
Anna: Yes, I will bring my new insurance card.  
Receptionist: Okay, please come today at 2:30PM.  
Anna: Thank you. Goodbye.

**Directions: Read the sentences and tell if they're true or false.**

1. Anna is a new patient	TRUE	FALSE
2. Anna has medical insurance.	TRUE	FALSE
3. Anna will see the doctor tomorrow.	TRUE	FALSE
4. Anna is sick today.	TRUE	FALSE

(Adapted from: <http://www.web-esl.com/health/record.html> )

**TASK 1 ROLE PLAY: MAKE AN APPOINTMENT**

**Directions:** Practice the role play with a partner. Answer the questions with your own information.

**Receptionist:** Hello. Chino Medical Clinic. May I help you?

**Patient:** Hello. I want to make an appointment.

**Receptionist:** What is your name?

**Patient:** My name is Jessica Brown.

**Receptionist:** What is the problem?

**Patient:** I have a sore throat.

**Receptionist:** What is your telephone number?

**Patient:** My number is 909-555-1234.

**Receptionist:** Can you come on Tuesday at 2:00PM?

**Patient:** Yes, I can.

**Receptionist:** Okay, the doctor will see you on Tuesday at 2:00PM.

**Patient:** Thank you. Goodbye.



---

**TASK 1 ROLE PLAY: MAKE AN APPOINTMENT (CONTINUED)**

**Directions:** Practice the role play several times with a partner and use the sentences at the bottom to tell a different problem each time.

**Receptionist:** Hello. Chino Medical Clinic. May I help you?  
**Patient:** Hello. I want to make an appointment.  
**Receptionist:** What is your name?  
**Patient:** My name is Tom Green.  
**Receptionist:** What is the problem?  
**Patient:** \_\_\_\_\_ \*  
**Receptionist:** What is your telephone number?  
**Patient:** My number is 909-555-1234.  
**Receptionist:** Can you come on Thursday at 3:00PM?  
**Patient:** Yes, I can.  
**Receptionist:** Okay, the doctor will see you on Thursday at 3:00PM.  
**Patient:** Thank you. Goodbye.

**\* Possible answers:**

- I have a cold.
- I'm sick.
- I have a sore throat.
- I have a headache.
- I have a fever.
- I have a cough.



**TASK 1 PRACTICE: MAKE AN APPOINTMENT**

**Directions:** Practice the role play with a partner and fill out the appointment card.

**Receptionist:** Hello. Chino Valley Medical Clinic. May I help you?

**Patient:** Hello. I want to make an appointment.

**Receptionist:** What is your name?

**Patient:** My name is James Williams.

**Receptionist:** What is the problem?

**Patient:** I have a cough and a sore throat.

**Receptionist:** What is your telephone number?

**Patient:** My number is 909-555-2946

**Receptionist:** Can you come on Wednesday at 3:30PM?

**Patient:** Yes, I can.

**Receptionist:** Okay, the doctor will see you on Wednesday at 3:30PM.

**Patient:** Thank you. Goodbye.



NEXT APPOINTMENT	
Day:	_____
Time:	_____
PLEASE ALLOW 24 HOURS NOTICE FOR CANCELLATION	

**TASK 1 PRACTICE:**  
**APPOINTMENT (CONTINUED)**

**MAKE AN**

**Directions:** Practice the role play with a partner and fill out the appointment card.

**Receptionist:** Hello. Chino Valley Medical Clinic. May I help you?

**Patient:** Hello. I want to make an appointment.

**Receptionist:** What is your name?

**Patient:** My name is \_\_\_\_\_.

**Receptionist:** What is the problem?

**Patient:** I have a \_\_\_\_\_.

**Receptionist:** What is your telephone number?

**Patient:** My number is

\_\_\_\_\_.

**Receptionist:** Can you come on Monday at 10:00AM?

**Patient:** Yes, I can.

**Receptionist:** Okay, the doctor will see you on Monday at 10:00AM.

**Patient:** Thank you. Goodbye.



## NEXT APPOINTMENT

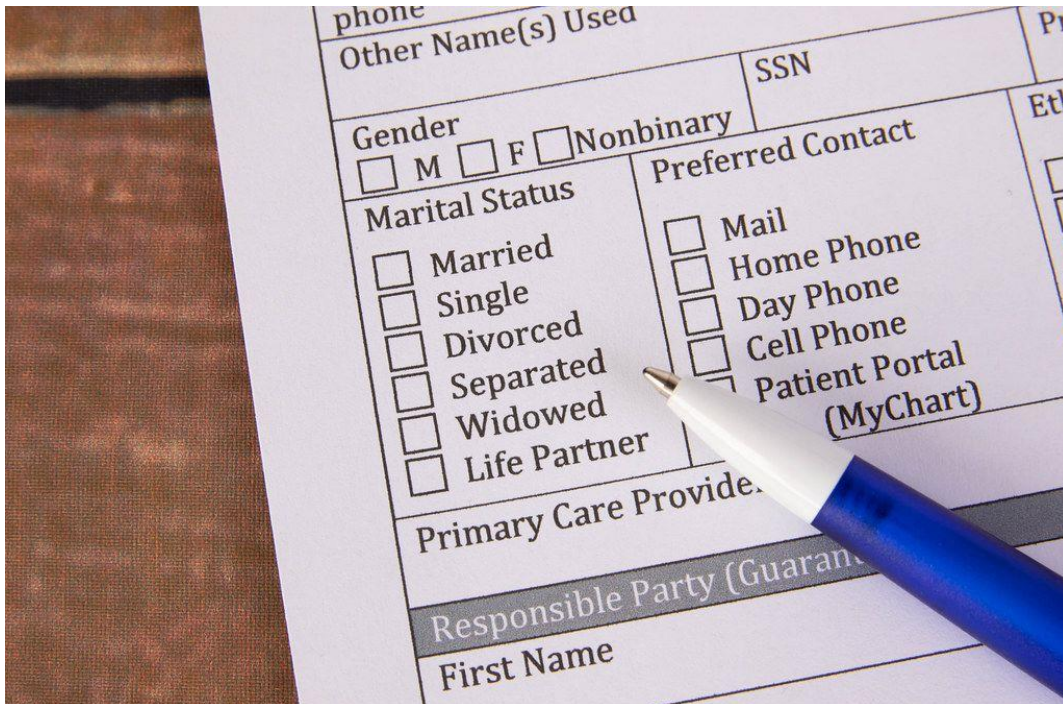
**Day:** \_\_\_\_\_

**Time:** \_\_\_\_\_

PLEASE ALLOW 24 HOURS NOTICE FOR CANCELLATION

# Task 2

## Complete a Health History Form



The image shows a close-up of a health history form. The form includes sections for 'Gender' (with checkboxes for Male, Female, and Nonbinary), 'Marital Status' (with checkboxes for Married, Single, Divorced, Separated, Widowed, and Life Partner), 'Preferred Contact' (with checkboxes for Mail, Home Phone, Day Phone, Cell Phone, and Patient Portal (MyChart)), and 'Primary Care Provider'. A blue pen is resting on the form, pointing towards the 'Preferred Contact' section. The form also has fields for 'Other Name(s) Used', 'SSN', 'Ethnicity', 'Responsible Party (Guardian)', and 'First Name'.

## STUDENT ACTIVITIES

## TASK 2 VOCABULARY: COMPLETE A HEALTH HISTORY FORM

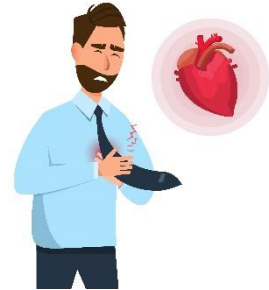
Directions: Practice the vocabulary words.



**allergic**



**medication**



**heart attack**



**high blood pressure**



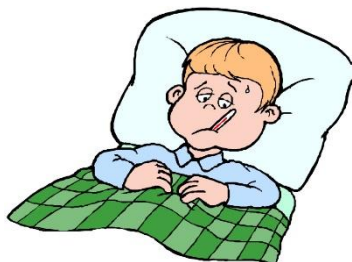
**health insurance**



**weight**



**height**










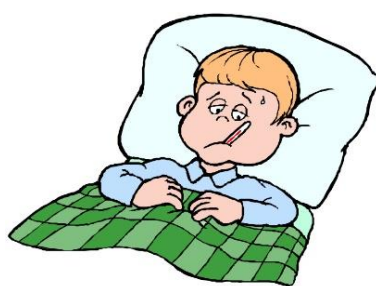

**illness**



**fill out**

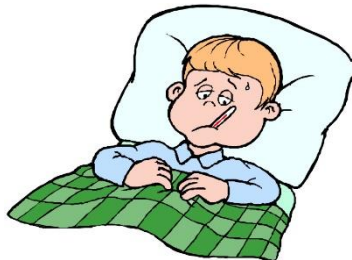
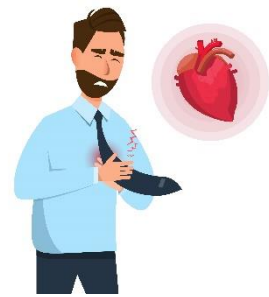
## TASK 2 VOCABULARY: COMPLETE A HEALTH HISTORY FORM

Directions: Work with a partner. Ask each other: “What is number 1?”, “What is number 2?”

1. 	2. 	3. 
4. 	5. 	6. 
7. 	8. 	9. 

## TASK 2 VOCABULARY: COMPLETE A HEALTH HISTORY FORM

Directions: Write the missing vocabulary words.



## TASK 2: FIND SOMEONE ACTIVITY

**Directions: Ask different classmates these “Have you ever...?” questions. Write their answers and names in the boxes below.**

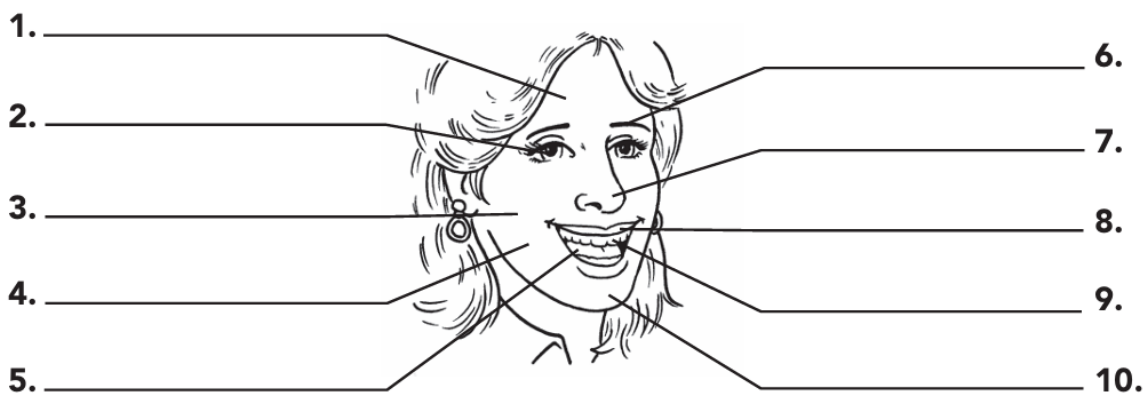
<b>Have you ever...</b>	<b>Yes or No</b>	<b>Name of Student</b>
broken a leg?		
had the flu?		
been to the Emergency Room?		
used prescriptions in the US?		
used something other than medicine when you were sick?		
called a doctor’s office to make an appointment?		
had surgery?		

(Adapted from: Minnesota Literacy Council, 2012. Intermediate ESL, Health Week 2, p. 7)

## **TASK 2 VOCABULARY: PARTS OF THE FACE AND BODY**

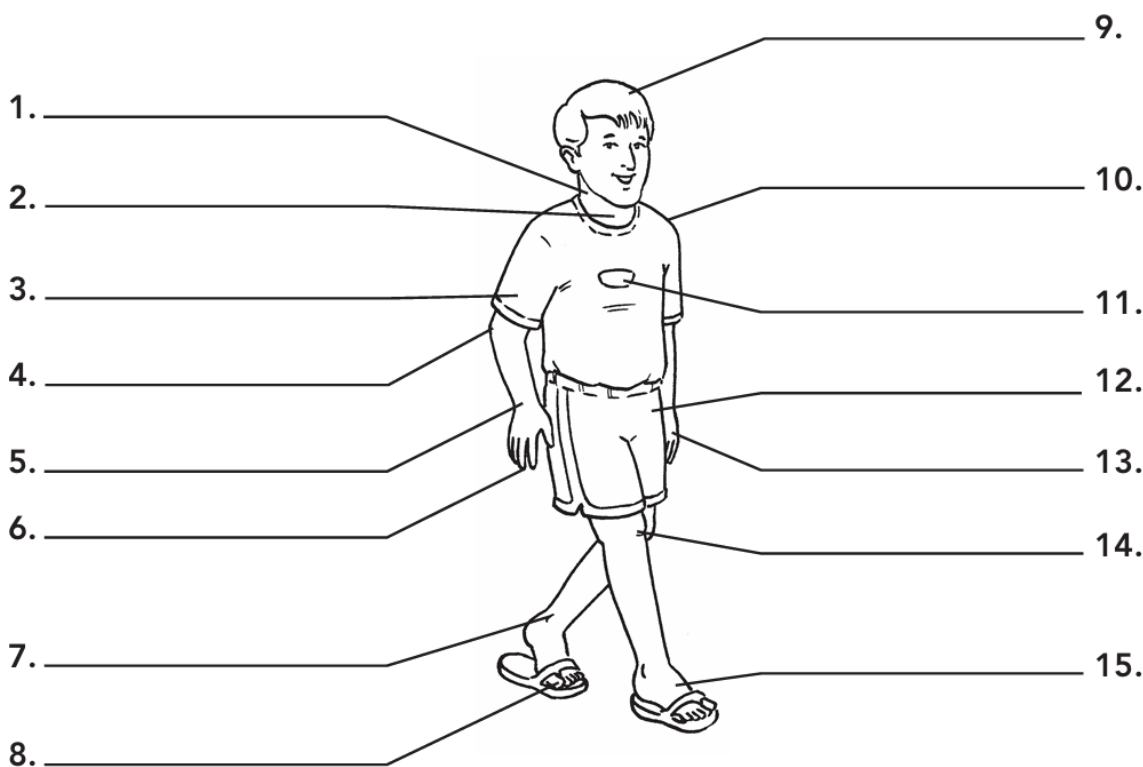
**A. Write the correct word on each line.**

cheek	eye	forehead	lip	teeth
chin	eyebrow	jaw	nose	tongue



**B. Write the correct word on each line.**

ankle	elbow	hand	knee	throat
arm	finger	head	neck	toe
chest	foot	hip	shoulder	wrist



## TASK 2: DISCUSSION QUESTIONS



## **Discussion Questions: Medical Health History**

1. What are some common health problems in your native country?
2. Where do you go to get help with medical problems?
3. Do you go to an English-speaking doctor or medical clinic now?
4. Describe a time when you or a family member had an emergency. Where did you or your family member go for help?
5. How do you feel when you have to go to the doctor or urgent care?
6. Have you ever filled out a medical history form?

## TASK 2: COMPLETE A HEALTH HISTORY FORM

### 1 BEFORE YOU WRITE

- A** Read the form. Find the illnesses and conditions. Discuss the meanings.

#### PATIENT HEALTH QUESTIONNAIRE

Name Blanca Gomes Date of Birth 8/21/69 ☐ M ☒ F  
Address 621 Arizona Ave., El Paso, TX 79902 Phone (915) 555-3538

Please check illnesses or conditions you have now or had in the past	Childhood	<input checked="" type="checkbox"/> Measles	Adult	<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
		<input checked="" type="checkbox"/> Mumps		<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Tuberculosis
		<input checked="" type="checkbox"/> Chicken Pox		<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Heart Disease

Are you allergic to any medicine? Please list: Penicillin

Are you currently taking any medication? Please list: Asthma medication

- B** Read the form again. Answer the questions.

1. What illnesses did Ms. Gomes have as a child? measles, mumps, and chicken pox
2. What illnesses does she have now? \_\_\_\_\_
3. What medicine does she take? \_\_\_\_\_
4. What medicine is she allergic to? \_\_\_\_\_

### 2 WRITE

Complete the form for yourself. Use true or made-up information.

#### PATIENT HEALTH QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ ☐ M ☐ F  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Please check illnesses or conditions you have now or had in the past	Childhood	<input type="checkbox"/> Measles	Adult	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
		<input type="checkbox"/> Mumps		<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Tuberculosis
		<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Heart Disease

Are you allergic to any medicine? Please list: \_\_\_\_\_

Are you currently taking any medication? Please list: \_\_\_\_\_

## TASK 2 READING: HEALTH HISTORY

Look at the chart about medical information to answer questions 1 and 2.

Medical Insurance Information		
Name	Age	Condition
Joseph Clark	30	High Blood Pressure
Rita Clark	29	Allergies
Justin Clark	10	Diabetes
Scott Clark	8	Asthma
<b>Primary Insurance:</b> Medicaid 000-00-0000		

1. How old is Justin Clark?

- A. 10
- B. 8
- C. 29
- D. 30

2. Who has asthma?

- A. Joseph Clark
- B. Rita Clark
- C. Justin Clark
- D. Scott Clark

## TASK 2 READING: A MEDICAL HISTORY FORM

Refer to the medical history form to answer questions 1 and 2.

PATIENT MEDICAL HISTORY FORM	
1. Name	<u>Joyce Hamilton</u>
2. Address	<u>1804 Fleet St. Charlestown, RI 02813</u>
3. Date of birth	<u>12/09/1947</u>
4. Telephone number	<u>555-666-2489</u>
5. Employer	<u>Pear Enterprises</u>
6. Primary care physician	<u>Dr. J.A. Egbert</u>
7. Your current medical condition(s)	<u>asthma, hives</u>
8. List prescription and non-prescription medications you are taking	<u>corticosteroids, antihistamines</u>

1. Which condition does Joyce have?

- A. headaches
- B. diabetes
- C. asthma
- D. allergies

2. What medication is Joyce taking?

- A. ibuprofen
- B. antihistamines
- C. beta blockers
- D. garlic pills

## TASK 2 READING: A MEDICAL HISTORY FORM (CONTINUED)

Directions: Read the medical history form and answer the questions.

NEW PATIENT INFORMATION					
Please write all information clearly.					
First name: <u>Bao Yu</u>		Last name: <u>Cheng</u>			
Date of birth (mm/dd/yy) <u>07 / 02 / 80</u>					
Insurance company: <u>Healthy Sure</u>		Group number: <u>0000-1286-4429</u>			
Are you currently under the care of a physician for any condition? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no					
Name of doctor: <u>Dr. Gray</u>		Reason: <u>allergies and asthma</u>			
Please list all medications you are currently taking. <u>Breathe Max</u>					
Are you allergic to any medications? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Which? <u>penicillin</u>					
Please use a ✓ to record any medical conditions that you or any family members have or had.					
	you	family member		you	family member
allergies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	heart disease	<input type="checkbox"/>	<input type="checkbox"/>
asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
cancer	<input type="checkbox"/>	<input type="checkbox"/>	hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>
diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	high cholesterol	<input type="checkbox"/>	<input checked="" type="checkbox"/>
tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Please explain. <u>I'm allergic to dust, cats, and dogs. I also have asthma. My father has allergies and diabetes. My mother has hypertension and high cholesterol.</u>					
Have you ever received treatment for a mental condition? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no					
Please explain. <u>From Aug. 2007 to Aug. 2008 I saw a doctor for depression.</u>					

1. What medical conditions does Bao Yu have?

---

2. What medication is Bao Yu currently taking?

---

3. What is the name of Bao Yu's insurance company?

---

(Image source: Life Skills & Test Prep 3, page 160)

## TASK 2 READING: A MEDICAL HISTORY FORM (CONTINUED)

Directions: Read the medical history form and answer the questions.

### Medical History

Please record all information clearly and completely.

First name: Arturo Last name: Montes

Date of birth (mm/dd/yy) 07/06/55

Do you have health insurance? ☐ yes ☒ no

Insurance company name \_\_\_\_\_ Policy number \_\_\_\_\_

Are you under the care of a physician for any condition at present? ☒ yes ☐ no

If yes, please explain. I have high blood pressure. I see my doctor every 6 months.

Are you taking any medication at present? ☒ yes ☐ no Which? metolazone

Are you allergic to any medications? ☒ yes ☐ no Which? amoxicillin

Do you have any other allergies? ☒ yes ☐ no

If yes, please explain. I'm allergic to wheat and peanuts.

Have you been hospitalized or had surgery in the past year? ☒ yes ☐ no

If yes, please explain. I was in the hospital for four days for pneumonia.

Have you ever received treatment for a mental condition? ☒ yes ☐ no

If yes, please explain. I received treatment for depression from May 2008 to May 2010.

Please use an X to record any medical conditions that you or any family members currently have or have had.

	You	Family Member		You	Family Member
asthma	<input type="checkbox"/>	<input type="checkbox"/>	heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
cancer	<input type="checkbox"/>	<input type="checkbox"/>	high cholesterol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1. What medical conditions does Arturo Montes have?

---

2. What medication is Arturo Montes currently taking?

---

3. Is Arturo Montes allergic to any medication? If yes, what?

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(Image source: Life Skills & Test Prep 4, pages 164-165)

## TASK 2 PRACTICE: COMPLETE A HEALTH HISTORY FORM

**Directions:** Read the story and use the information to fill in the medical history form. Leave some sections blank if the information is not in the story.

A. Melissa Ann Louis is a new patient at Midtown Medical Associates. She was born on July 15, 1982, in California. She lives at 4837 Euclid Ave. in Ontario, CA 91761 and her cell phone number is 909-555-2386. She doesn't have any other phone numbers. Her emergency contact is her husband, Michael Louis, and his cell phone number is 909-555-1248.

Melissa is 5'6 and weighs 137 pounds. She has allergies and asthma, so she takes allergy medication called Zetec and uses an inhaler called Airways. She does not have any other symptoms right now, but she wants to see the doctor soon for a checkup.

### B. Complete the medical history form.

<i>Midtown Medical Associates</i>					
Patient Information Form					
Name _____			____/____/____		
FIRST MIDDLE LAST			DATE OF BIRTH		
Address _____					
NUMBER		STREET		CITY	STATE ZIP CODE
Daytime Phone _____		Evening Phone _____		Cell _____	
Emergency Contact: Name _____			Relationship _____		
Phone _____					
Height _____		Weight _____			
Check any conditions or diseases you have:					
<input type="checkbox"/> allergies		<input type="checkbox"/> cancer		<input type="checkbox"/> heart disease	
<input type="checkbox"/> asthma		<input type="checkbox"/> diabetes		<input type="checkbox"/> kidney disease	
<input type="checkbox"/> high blood pressure					
Check any symptoms you have:					
<input type="checkbox"/> bad cough		<input type="checkbox"/> depression		<input type="checkbox"/> headaches	
<input type="checkbox"/> bleeding easily		<input type="checkbox"/> trouble sleeping			
<input type="checkbox"/> chest pains		<input type="checkbox"/> fainting		<input type="checkbox"/> nausea	
<input type="checkbox"/> trouble eating					
If you checked any items above, please explain: _____					
What medications do you take? _____					

## TASK 2 PRACTICE: COMPLETE A HEALTH HISTORY FORM (CONT.)

**Directions:** Read the story and use the information to fill out a health history form for Julia Taylor. Do not use your own information.

Julia Marie Taylor is going to see a new doctor today, but first she must fill out a health history form with her personal information. Julia lives in a house at 875 Central Ave. in Chino, CA, 91710. Her phone number is 909-555-1234. Julia was born on May 23, 1978. She weighs 128 pounds and is 5 foot 6 inches tall. Julia has high blood pressure and takes blood pressure medicine called Zenolol for it. She doesn't take any other medications or have any other illnesses. She is not allergic to any medications. Julia has health insurance from her job as a teacher. The health insurance company's name is Kaiser, and her policy number is 8363321.

### HEALTH HISTORY FORM

<b>Name:</b>		<input type="checkbox"/> M <input type="checkbox"/> F
<b>Address:</b>	<b>City, State, Zip Code:</b>	
<b>Phone number:</b>	<b>Date of birth (MM/DD/YYYY):</b>	
<b>Weight:</b>	<b>Height:</b>	
<b>Check illnesses you have now or had in the past:</b>		
<input type="checkbox"/> asthma	<input type="checkbox"/> diabetes	<input type="checkbox"/> high blood pressure
<input type="checkbox"/> cancer	<input type="checkbox"/> heart attack	<input type="checkbox"/> measles
<b>Do you currently take any medication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list the medications? _____		
<b>Are you allergic to any medication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what medication? _____		
<b>Do you have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, insurance company name: _____ policy number: _____		

## TASK 2 PRACTICE: COMPLETE A HEALTH HISTORY FORM (CONT.)

**Directions: Read the story and use the information to fill out a health history form.**

David Michael Brown is going to see a new doctor today, but first he needs to fill out a health history form with his personal information. David lives in a house at 1321 Peyton Dr. in Chino Hills, CA, 91709. His phone number is 909-555-7364. David was born on October 31, 1985. He weighs 168 pounds and is 6 foot 2 inches tall. David has allergies and takes allergy medicine called Zetec for them. He doesn't take any other medications or have any other illnesses, but he is allergic to penicillin. David has health insurance from his job. The health insurance company's name is HealthyNet, and his policy number is 49857721.

### HEALTH HISTORY FORM

<b>Name:</b>		<input type="checkbox"/> M <input type="checkbox"/> F
<b>Address:</b>	<b>City, State, Zip Code:</b>	
<b>Phone number:</b>	<b>Date of birth (MM/DD/YYYY):</b>	
<b>Weight:</b>	<b>Height:</b>	
<b>Check illnesses you have now or had in the past:</b>		
<input type="checkbox"/> asthma	<input type="checkbox"/> diabetes	<input type="checkbox"/> high blood pressure
<input type="checkbox"/> cancer	<input type="checkbox"/> heart attack	<input type="checkbox"/> measles
<b>Do you currently take any medication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list the medications? _____		
<b>Are you allergic to any medication?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what medication? _____		
<b>Do you have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, insurance company name: _____ policy number: _____		

# Task 3

## Communicate with a Health Care Provider



## STUDENT ACTIVITIES

### TASK 3 VOCABULARY: COMMUNICATE WITH A HEALTH CARE PROVIDER

Directions: Practice the vocabulary words.



**provider**



**questions**



**communicate**



**write**



**prescription**



**symptoms**

**True**

**False**



**honest**











**pharmacy**



**list**








### **TASK 3 VOCABULARY: COMMUNICATE WITH A HEALTH CARE PROVIDER**

**Directions:** Work with a partner. Ask each other: “What is number 1?”, “What is number 2?”

<p>1</p> 	<p>2</p> 	<p>3</p> 
<p>4</p> 	<p>5</p> 	<p>6</p> 
<p>7</p> <p>True      False</p> <p><input checked="" type="checkbox"/>      <input type="checkbox"/></p>	<p>8</p> 	<p>9</p> 

### TASK 3 VOCABULARY: COMMUNICATE WITH A HEALTH CARE PROVIDER

Directions: Write the missing words under each picture.

 <hr/>	 <hr/>	 <hr/>
 <hr/>	 <hr/>	 <hr/>
<p>True      False</p> <p><input checked="" type="checkbox"/>      <input type="checkbox"/></p> <hr/>	 <hr/>	 <hr/>

**TASK 3 READING: TALKING WITH YOUR DOCTOR**

Directions: Read the article and answer the questions below.

Talking with your doctor is one of the most important parts of getting good health care. Unfortunately, talking to your doctor isn't always easy, especially when you're still learning English.

You and your doctor can work as a team, along with nurses, pharmacists, and other health care providers, to solve your medical problems and keep you healthy.

You should ask questions if you don't understand the doctor's instructions are, tell them about new problems, and let the doctor know if you're worried about taking a new medicine.

Make sure to ask questions, so you and your doctor can understand each other.

### When talking with your doctor ...

**Be honest** — The doctor is there to help you, so it's important to answer questions honestly. For example, if the doctor asks about your diet, you should tell the truth even if you're not eating healthy foods.



**Decide which questions are most important** — Make a list of your questions and give the list to the doctor at the beginning of your appointment.



### True or False?

- |  |      |       |
|--|------|-------|
| 1. You shouldn't ask your doctor any questions.                | TRUE | FALSE |
| 2. You should be honest with your doctor.                      | TRUE | FALSE |
| 3. Talking with your doctor is important for good health care. | TRUE | FALSE |
| 4. You can make a list of questions to ask your doctor.        | TRUE | FALSE |
| 5. Sometimes, it's okay to lie to the doctor.                  | TRUE | FALSE |

(Adapted from: Torrance Adult School • EL Civics: Health Care 2023 Licensed by Creative Commons)

### TASK 3 PRACTICE: TALKING WITH A DOCTOR

**Directions:** Practice the role plays with a partner. Then answer the questions below.

Doctor: Good morning. Why are you here today?

Patient: I'm feeling very sick.

Doctor: What are your symptoms?

Patient: I have a cough and a sore throat.

Doctor: Are you taking any medicine?

Patient: No, I'm not.

Doctor: Do you have a fever?

Patient: Yes, I do.

Doctor: Here is a prescription. Take your medicine twice a day, for 10 days.

Patient: Thank you, Doctor.

Follow-up visit:

Doctor: Good morning. How are you feeling?

Patient: I'm feeling much better. My fever is gone.

Doctor: Are you taking your medicine?

Patient: Yes, I am.

Doctor: That's good. Make sure to take it with food and drink a lot of water.

Patient: Okay. Thank you.

1. What are the patient's symptoms?

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2. What did the doctor give the patient?

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### TASK 3 READING: COMMUNICATE WITH A HEALTH CARE PROVIDER

Directions: Read the role play and answer the questions below.

**Doctor:** Good morning. My name is Doctor Stanford.

**Patient:** Hello. My name is Brenda Stevens.

**Doctor:** What's the matter?

**Patient:** I have a sore throat.

**Doctor:** How long have you had this problem?

**Patient:** For about four days.

**Doctor:** How are you feeling now?

**Patient:** I have a headache.

**Doctor:** Okay, I'm going to write you a prescription. Take the medicine for 10 days and you should feel better. Do you have any questions for me?

**Patient:** Yes, how long do I need to take the medicine?

**Doctor:** Ten days.

**Patient:** Thank you, Doctor Stanford.



#### Questions:

1. What's wrong with Brenda? \_\_\_\_\_

2. What did Dr. Smith give Brenda? \_\_\_\_\_

3. How long does Brenda need to take the medicine? \_\_\_\_\_

### TASK 3 ROLE PLAY: DESCRIBE SYMPTOMS

Directions: Practice describing different symptoms. Fill in the missing answers.

**Doctor:** Hello. My name is Dr. Liu.

**Patient:** Hello, Dr. Liu. My name is \_\_\_\_\_.

**Doctor:** What's the matter?

**Patient:** \_\_\_\_\_.\*

**Doctor:** How long have you had this problem?

**Patient:** For about \_\_\_\_\_ days.

**\* Possible answers:**

I have a sore throat.

I have a runny nose.

I have a fever.

I have a headache.

I have a cough.

I have chest pain.



**Fever, Headache**



**Runny Nose**



**Cough**



**Chest Pain**

### TASK 3 PRACTICE: COMMUNICATE WITH A HEALTH CARE PROVIDER

Directions: Practice the role play with a partner. Fill in the missing answers.

**Doctor:** Hello. My name is Dr. Smith.

**Patient:** Hello. My name is \_\_\_\_\_.

**Doctor:** What's the matter?

**Patient:** \_\_\_\_\_.\*

**Doctor:** How long have you had this problem?

**Patient:** For about three days.

**Doctor:** How are you feeling now?

**Patient:** I feel tired.

**Doctor:** Okay, I'm going to write you a prescription. Take the medicine for 10 days and you should feel better.

**Patient:** Thank you, Dr. Smith.

**\* Possible answers:**

I have a sore throat.

I have a runny nose.

I have a fever.

I have a headache.

I have a cough.



### TASK 3 PRACTICE: COMMUNICATE WITH A HEALTH CARE PROVIDER (CONT.)

**Directions:** Practice the role play with a partner. Introduce yourself and answer the questions.

Doctor: Hello. My name is Doctor Lewis.

Patient: Hello. My name is Mary Brown.

Doctor: What's the matter?

Patient: I have a sore throat.

Doctor: How long have you had this problem?

Patient: For 2 days.

Doctor: How are you feeling now?

Patient: I feel very tired.

Doctor: Okay, I'm going to write you a prescription. Take the medicine for 7 days, and you should feel better.

Patient: Thank you, Doctor Lewis.

Doctor: What am I going to give you?

Patient: A prescription.

Doctor: How many days do you need to take the medicine?

Patient: 7 days.



### TASK 3 PRACTICE: COMMUNICATE WITH A HEALTH CARE PROVIDER (CONT.)

**Directions:** Practice the role play with a partner. Introduce yourself and answer the questions.

- Doctor: Hello. My name is Doctor Perez.
- Patient: Hello. My name is Sara Kim.
- Doctor: What's the matter?
- Patient: I have a cough.
- Doctor: How long have you had this problem?
- Patient: For 3 days.
- Doctor: How are you feeling now?
- Patient: I feel very sick.
- Doctor: Okay, I'm going to write you a prescription. Take the medicine for 10 days, and you should feel better.
- Patient: Thank you, Doctor Perez.
- Doctor: What am I going to give you?
- Patient: A prescription.
- Doctor: How many days do you need to take the medicine?
- Patient: 10 days.



### TASK 3 PRACTICE: COMMUNICATE WITH A HEALTH CARE PROVIDER (CONT.)

Directions: Practice the role play with a partner. Introduce yourself and answer the questions.

Doctor: Hello. My name is Doctor Green.

Patient: Hello. My name is \_\_\_\_\_.

Doctor: What's the matter?

Patient: I have \_\_\_\_\_.

Doctor: How long have you had this problem?

Patient: For \_\_\_\_\_.

Doctor: How are you feeling now?

Patient: I feel \_\_\_\_\_.

Doctor: Okay, I'm going to write you a prescription. Take the medicine for 10 days, and you should feel better.

Patient: Thank you, Doctor Green.

Doctor: What am I going to give you?

Patient: A prescription.

Doctor: How many days do you need to take the medicine?

Patient: 10 days.



