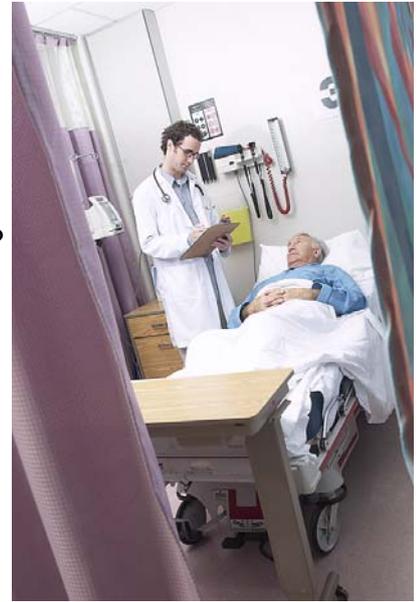




Procedures

Getting a patient's information

What are some typical questions you need to ask a new patient?
With a partner and make notes of what you need to ask.



Questions to discuss

Where does a patient usually fill out forms in your hospital?

What do you think are the most important pieces of information?

Does your hospital have good forms for new patients? How many do they fill out?

Is there anything wrong with your hospital's forms?

Important vocabulary

medication

medical

condition

allergy

occupation

form

information

sex

male

female

substance use

alcohol

tobacco

reason

fill out



Getting a patient's information

Dialogue

Nurse: Good afternoon, Mr. Neil.
How are you feeling today?

Patient: Pretty good.

Nurse: Before we start, I need to ask you a few questions.

Patient: OK.

Nurse: ...



Take a look at this form. What questions should you ask?

Name		Occupation	
Date of birth		Sex	male female
Reason for visit		Allergies food: medication: other.	_____ _____ _____
Current medications		Substance use tobacco: alcohol: other:	_____ / day _____ / day _____
Medical conditions		Other	

With a partner, write out the questions you should ask.



Getting a patient's information

Questions

Name	What's your name? Could I have your name please?
Date of birth	What's your date of birth? Could I have your date of birth please?
Reason for visit	What's wrong? What's the matter? Why did you come here today? What is bothering you?
Current medications	Are you taking any medication? What medication are you taking? Do you take any medication?
Medical conditions	Do you have any medical problems? Do you have ...? diabetes? high blood pressure? heart problems? Have you ever been diagnosed with ...?
Occupation	What do you do? What is your occupation?
Allergies food: medication: other.	Do you have any allergies to...? any food? any medication? anything? Are you allergic to ...?
Substance use tobacco: alcohol: other:	Do you smoke? Yes. → How much per day? Do you drink? Yes. → How much per day? Do you use drugs?
Other	Is there anything else we should know? Is there anything else you'd like to tell us?

After practicing the questions, try to fill out the information form with your partner's information.



Name		Occupation	
Date of birth		Sex	male female
Reason for visit		Allergies food: medication: other.	_____ _____ _____
Current medications		Substance use tobacco: alcohol: other:	_____ / day _____ / day _____
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