Domain Five: Health

ESL

**Course: Illness**

**Unit: Sickness**

# Lesson: Health History Forms

**Competency Objectives:** Adult students will fill out a medical health history.

**Note:** The objective of this lesson is more to prepare a simple health history for students to have to use when visiting a doctor and less to develop verbal competence with the names of diseases and conditions.

**Suggested Criteria for Success:** Learners will practice giving their medical history on forms provided.

**Suggested Vocabulary:** medical history operations allergies

medications conditions symptoms

**Suggested Materials:** Copies of attached health history forms, one or more per student

Pens or pencils and paper

Cards with sight words

White/black board and marker/chalk

English-Spanish and other dual language dictionaries

Computers with internet access are especially helpful in this exercise

Guest resource person, preferably one trained in the medical field

Handouts from the end of this lesson

**Suggested Resources:** Some online resources for creating a family health tree include the following:

* [http://www.hhs.gov/familyhistory/](http://www.hhs.gov/familyhistory). Click on *My Family Health Portrait* for materials on creating a family medical history.

* <http://www.cnn.com/HEALTH/library/HQ/01707.html> *How to Compile Your Family Medical History*. Use the past to prepare for your future.
* <http://www.generationalhealth.com> *Generational Health*. This website lets you create a family health tree online.
* <http://www.ccalliance.org/talk/downloads/familyhealthtree.pdf> Climb a tree and go out on a limb! This site gives instructions for a family health tree.

<http://www.webmd.com> Click on *Condition Centers* at the bottom of the screen.

<http://www.nlm.nih.gov/medlineplus/encyclopedia.html> Click on *español* in the upper right hand corner of the screen if you want to change the language to Spanish.

<http://www.ahcpr.gov/consumer/espanoix.htm> This site has consumer materials in Spanish by the Agency for Healthcare Research and Quality (AHRQ). An English equivalent title is under each Spanish title.

http://www.noah-health.org/ This New York Online Access to Health site is available in Spanish or English.

<http://familydoctor.org>/ The Family Doctor. Click on Spanish on the right side of the page. The results have English subtitles.

http://www.healthfinder.gov Healthfinder is a government site that can be read in Spanish by clicking on *español* in the upper right hand corner of the screen.

<http://www.caphis.mlanet.org/consumer/consumerAll.html> This Consumer and Patient Health Information Section is a segment from the Medical Library Association’s online materials.

**Suggested Methods:** Lecture/Discussion, Guest Resource Person, Online Research, Journal Work

**Some Suggested Steps:**

# Patient. Introduce the word patient by giving examples of medical situations and asking students who is sick or hurt. Example: Juan hurt his leg. His wife, Maria, takes him to the clinic. Who is the patient, Juan or his wife? Anita’s son does not feel well. She drives him to the emergency room. Who is the patient, Anita or her son?

**Lecture.** A doctor wants to know about the illnesses and operations you have had, about any existing conditions (such as allergies), and about the symptoms you have. Usually you will be asked to fill out forms giving your health history. To avoid language difficulties at a time when you don’t feel well and need medical help, it is a good idea to prepare/update your medical history at a time when you feel fine.

**Your Health History.** Print sight words (name, address, date, telephone, employer, health insurance, policy or group number, patient) on cards. Show students the sight word cards. Have students respond with their personal information. For example, in response to “name” the student will give his/her name.

Your class may also enjoy creating a Family Health Tree. See the sites added under the **Notes** heading at the beginning of this lesson plan.

**Questions on a Health History Form**. Give students the health history forms from the end of this lesson. Choose a word (migraine, epilepsy, anemia, etc.) and launch a class-wide search for meaning. Students may use dual language dictionaries, internet, or a resource person/interpreter visiting your class.

**Project.** Start to compile your personal heath history. Use the class health history forms. Make sure your health history includes the following:

* What medications are you taking?
* What illnesses have you had?
* What permanent conditions (like diabetes) do you have?
* What are your habits, i.e.,

Do you drink? How much? How often?

Do you smoke? How many packs a day? How old were you when you started to smoke?

How often do you exercise?

* What surgeries have you had?
* Have you had a child?
* What health problems run in your family?

**Improving Your Health Future.** If you have access to computers in the classroom, an interesting project for each student to complete is the Longevity Game, which is an online quiz. Go to <http://www.nmfn.com>, click on the Learning Center tab (across the top of the screen) and choose the drop-down item Calculators. Scroll down to The Longevity Game. You could also enter Longevity Game in the Search square at this site.

**Family Health Tree**. Use one or more of the online sites listed above in Suggested Resources to guide your learners in creating their personal family health tree.

**Journal Work.** Complete your personal health history.

**Lesson Expansion.** Prepare a health history for every member of your family and keep it up to date. Keep a health file for each family member.

MEDICAL HISTORY

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Medical History**: Circle any of the following that you have had.

|  |  |  |  |
| --- | --- | --- | --- |
| Allergies or Asthma | Congestive Heart Failure | Hemorrhoids | Migraines |
| Alcoholism | Depression | Hepatitis (Jaundice) | Phlebitis |
| Anemia | Diabetes | High Blood Pressure | Psoriasis |
| Arthritis | Drug Abuse | Heart Blockage | Hernia |
| Breast lumps/cysts | Eczema-Hives | Kidney Stones | Stroke |
| Cancer (Tumors) | Epilepsy or Seizures | Liver Disease | Suicide Attempt |
| Cataracts | Heart Attack | Lung Disease | Thyroid Disease |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications:** [List all you are taking, the dosage (strength), and how often you take it.]

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drug Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Review of Systems:

|  |  |  |  |
| --- | --- | --- | --- |
| **Within the last 6 months have you had problems with** | Yes | No | Describe |
| General fatigue, weight loss, etc.) |  |  |  |
| Eyes (blurriness, burning, vision, etc.) |  |  |  |
| Ears, Nose, Throat  (drainage, bleeding, hard to swallow, etc.) |  |  |  |
| Lungs or Breathing  (shortness of breath, cough, wheeze, etc.) |  |  |  |
| Heart (chest pains, murmur, skipping, etc.) |  |  |  |
| Bones/Joints (swelling, stiffness, pain, etc.) |  |  |  |
| Skin (rashes, ulcers, etc.) |  |  |  |
| Depression, feeling uptight, sleep problems |  |  |  |
| Glands (problems with heat/cold, urine, eating, dry skin, hair change) |  |  |  |

**MEDICAL HISTORY**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wt. \_\_\_\_\_\_\_ Ht. \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you** (circle one) **Married Single Divorced Widowed**

**YES NO**

1. Have you had any problems with your heart? \_\_\_\_\_ \_\_\_\_\_

(palpitations, murmur, chest pain, heart attack, etc.)

1. Have you had any problems with blood pressure? \_\_\_\_\_ \_\_\_\_\_
2. Have you had any problems with your lungs? \_\_\_\_\_ \_\_\_\_\_

(breathing problems, cough, asthma, emphysema, bronchitis)

1. Do you have a severe cold, cough, nasal congestion or fever now? \_\_\_\_\_\_ \_\_\_\_\_
2. Do you have diabetes? If yes, how many years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_
3. Do you take insulin injections? \_\_\_\_\_\_ \_\_\_\_\_
4. Have you had hepatitis, jaundice? \_\_\_\_\_\_ \_\_\_\_\_
5. Have you had any kidney or bladder problems? \_\_\_\_\_\_ \_\_\_\_\_
6. Have you received blood transfusions? If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_
7. Have you had convulsions or seizures? \_\_\_\_\_\_ \_\_\_\_\_
8. Have you had psychiatric problems? \_\_\_\_\_\_ \_\_\_\_\_
9. Any back problems? \_\_\_\_\_\_ \_\_\_\_\_
10. Have you had any problems with anemia? \_\_\_\_\_\_ \_\_\_\_\_
11. Have you had any problems with excessive bleeding? \_\_\_\_\_\_ \_\_\_\_\_
12. Have you had a history of stomach ulcers/hiatal hernia/indigestion? \_\_\_\_\_\_ \_\_\_\_\_
13. Do you have loose teeth, dentures, caps, or crowns? (If yes, please circle) \_\_\_\_\_\_ \_\_\_\_\_
14. Do you smoke? If so, how many packs a day? \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

How many years?\_\_\_

1. Do you drink alcohol? If so, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_
2. Any muscle disease in your family?

(Muscular Dystrophy, Multiple Sclerosis, etc.) \_\_\_\_\_\_ \_\_\_\_\_

# Some Medical Problems in English and Spanish

# Allergies or Asthma = alergias o asma

### Alcoholism = alcoholismo

Anemia = anemia

Breast lumps/cysts = tumor o quiste de seno

Cancer (tumors) = cancer (tumores)

Cataracts = cataratas

Congestive Heart

Failure = fracaso congestivo del corazón

Depression = depresión

Diabetes = diabetes

Drug Abuse = abuso de drogas

Eczema-Hives = eczema-ronchas

Epilepsy or Seizures = epilepsia o ataque

Heart Attack = ataque al corazón

Hemorrhoids = hemorroides

Hepatitis (Jaundice) = hepatitis

High Blood Pressure = presión alta

Heart Blockage = bloqueo del corazón

Kidney Stones = piedras en el riñón

Liver Disease = enfermedad del hígado

Lung Disease = enfermedad del pulmón

Migraines = migrañas

Phlebitis = flebitis

Psoriasis = soriasis

Hernia = hernia

Stroke = infarto

Suicide Attempt = intento de suicidio

Thyroid Disease = enfermedad de la tiroides