



## Watch the video



### Medical History Form

**1. What is the reason for your visit?**

Problem

*allergies*

Date problem began

*3 weeks ago*

**2. Have you ever had any of the following?**

- |   |                                      |   |   |
|---|--------------------------------------|---|---|
| <input checked="" type="checkbox"/> allergies | <input type="checkbox"/> back pain   | <input checked="" type="checkbox"/> headaches | <input checked="" type="checkbox"/> high blood pressure |
| <input type="checkbox"/> arthritis            | <input type="checkbox"/> chest pains | <input type="checkbox"/> heart attack         | <input checked="" type="checkbox"/> high cholesterol    |
| <input checked="" type="checkbox"/> asthma    | <input type="checkbox"/> diabetes    | <input type="checkbox"/> heart disease        | <input type="checkbox"/> tuberculosis                   |

**3. Please list all medications, including vitamins and herbal supplements.**

*Vitamin C, garlic pills, and aspirin*

**4. List any other major illnesses, injuries, or surgeries you have had in the last year.**

The above information is correct to the best of my knowledge.

Signature *Eva Hernandez*

Date *August 25, 2013*

1. Eva went to the doctor because of \_\_\_\_\_.

- a. arthritis    c. allergies    b. diabetes    d. back pain

2. Eva does not take \_\_\_\_\_.

- a. aspirin.    c. garlic pills.    b. Vitamin C    d. Vitamin D

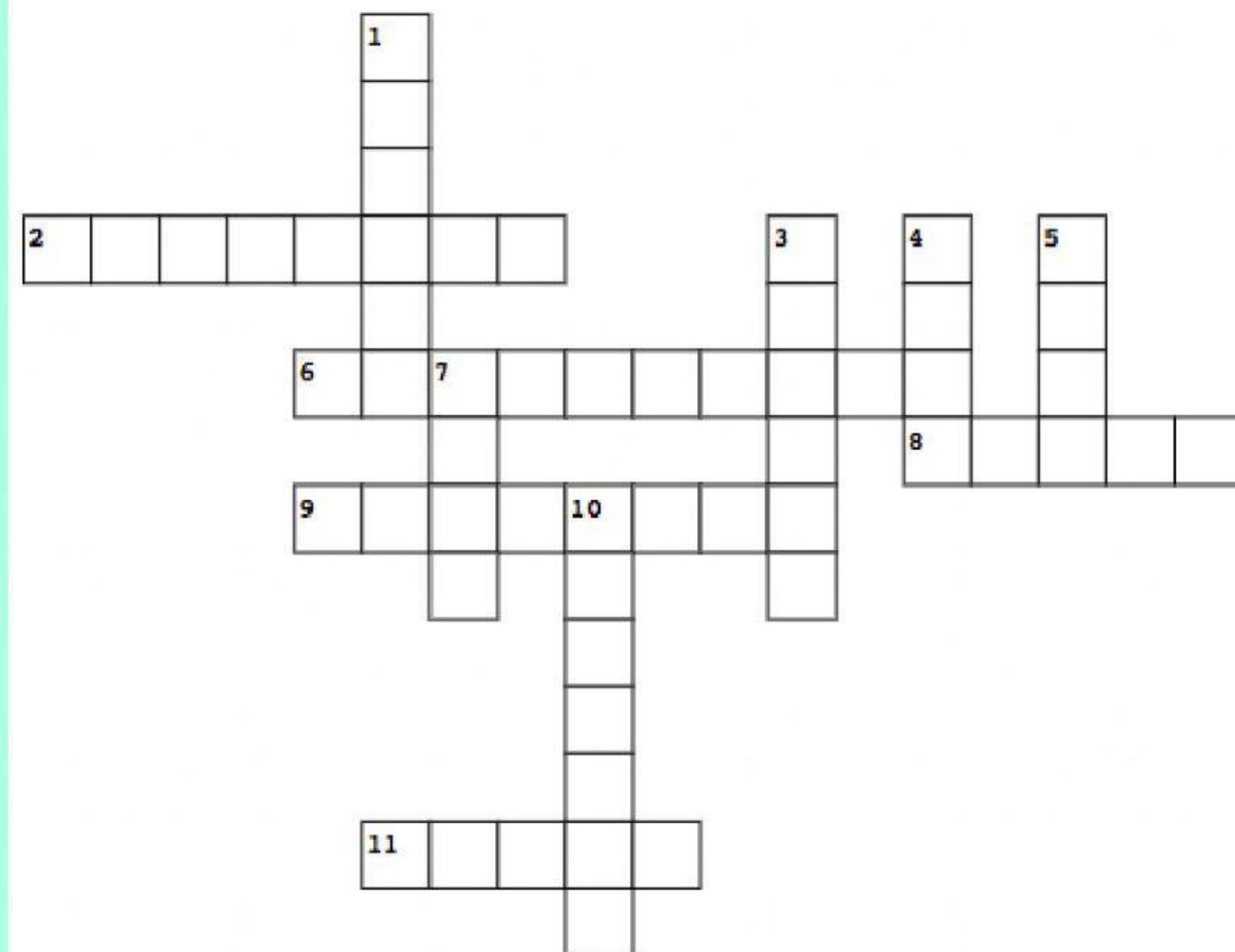
3. In the past, Eva has had \_\_\_\_\_.

- a. chest pain    c. heart disease    b. tuberculosis    d. high cholesterol

4. In the past Eva has not had \_\_\_\_\_.

- a. asthma    c. heart disease.    b. headaches    d. high blood pressure

**Read the clues. Completet the crossword puzzle using the vocabulary words from this unit.**



**Across**

- 2. Walking is good \_\_\_\_\_.
- 6. What pills and other \_\_\_\_\_ do you take?
- 8. I haven't \_\_\_\_\_ any junk food recently.
- 9. My blood \_\_\_\_\_ went down.
- 11. I've \_\_\_\_\_ up ice cream.

**Down**

- 1. You should follow your doctor's \_\_\_\_\_.
- 3. I haven't \_\_\_\_\_ any weight lately.
- 4. My blood pressure has \_\_\_\_\_ down.
- 5. I've \_\_\_\_\_ weight. I feel healthy!
- 7. I have changed my \_\_\_\_\_. I eat more fruits and vegetables.
- 10. I've \_\_\_\_\_ to exercise every week.