

- A** Read the medical history form. Answer the questions. Circle the correct answer.

MEDICAL HISTORY FORM		Date: <u>3/27/19</u>
Patient Name <u>Silva, Martim</u>	Date of Birth <u>6/18/72</u>	
Reason for visit today: <u>Coughing, difficult to breathe</u>		
How long have you had these symptoms? <u>Three days</u>		
Have you been under a doctor's care in the last two years? ☒ Yes ☐ No		
If yes, for what? <u>heart problems and high blood pressure</u>		
Have you ever been hospitalized, had a major operation, or had a serious illness? ☒ Yes ☐ No		
If yes, for what? <u>Asthma</u>		
Please list any medications you are currently taking: <u>aspirin, diuretic</u>		
Are you allergic to any medications? ☐ Yes ☒ No		
If yes, please list: _____		
Do you now or have you ever had:		
☐ Heart problems	☐ Emphysema	
☐ High blood pressure	☐ Tuberculosis	
☐ Diabetes	☐ Hepatitis	
☐ Cancer (type)	☐ Pneumonia	
☐ Stroke	☒ Asthma	
☐ HIV/AIDS		
In the past month, have you had any of the following symptoms?		
☒ Weight gain or loss	☐ Dizziness	
☒ Chest pain	☐ Nausea	
☒ Shortness of breath	☐ Stomach pain	
☐ Fainting	☐ Vomiting	
☐ Headaches		

- What is the patient's first name?
a. Silva b. Martim
- In what month does the patient visit the doctor?
a. March b. June
- How long has the patient had symptoms?
a. Less than a week b. More than a week
- What illness does the patient have a history of?
a. Asthma b. Diabetes
- How many symptoms has the patient had in the past month?
a. Two b. Three

Patient #1:

- What happened? _____.
- What was she doing? _____.
- Does it hurt? Yes ☐ No ☐
- What's the diagnosis? _____.
- Is she taking any medication? Yes ☐ _____ No ☐
- Medication _____ / Prescription: _____.
- Call if there is _____.

Patient #2:

- What's the matter? _____.
- Is he single? Yes ☐ No ☐
- Does he smoke? Yes ☐ No ☐ How often? _____ / For how long? _____.
- Does he exercise? Yes ☐ No ☐ What does he do? _____.
- What's the diagnosis? _____.
- Does he have health problems? Yes ☐ _____ No ☐
- Has he gained weight? Yes ☐ No ☐ How much? _____.
- Would he be able to join the gym? Yes ☐ No ☐