ASSESSING THE PATIENT

PAIN:

21. WHERE DOES IT HURT?

22. DOES IT HURT ALL THE TIME?

23. CAN YOU DESCRIBE THE PAIN?

24. WHEN DID IT START HURTING?

25. HOW MUCH DOES IT HURT?

26. DOES THE PAIN STAY IN ONE PLACE OR MOVE AROUND?

MEDICAL HISTORY:

27. WHAT'S YOUR MEDICAL HISTORY?

28. WERE YOU OPERATED?

29. WHAT'S YOUR BLOOD TYPE?

30. DO YOU TAKE ANY MEDICATION?

ALLERGIES:

31. ARE YOU ALLERGIC?

FAMILY HISTORY:

32. DOES ANY OF YOUR CLOSE RELATIVES SUFFER FROM DIABETES, MENTAL ILLNESS, TUBERCULOSI, HIV/AIDS?

33. WHAT'S YOUR FAMILY HISTORY?

LIVEWORKSHEETS