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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?

☑ allergies	☐ back pain	☑ headaches	☑ high blood pressure
☐ arthritis	☐ chest pains	☐ heart attack	☑ high cholesterol
☑ asthma	☐ diabetes	☐ heart disease	☐ 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

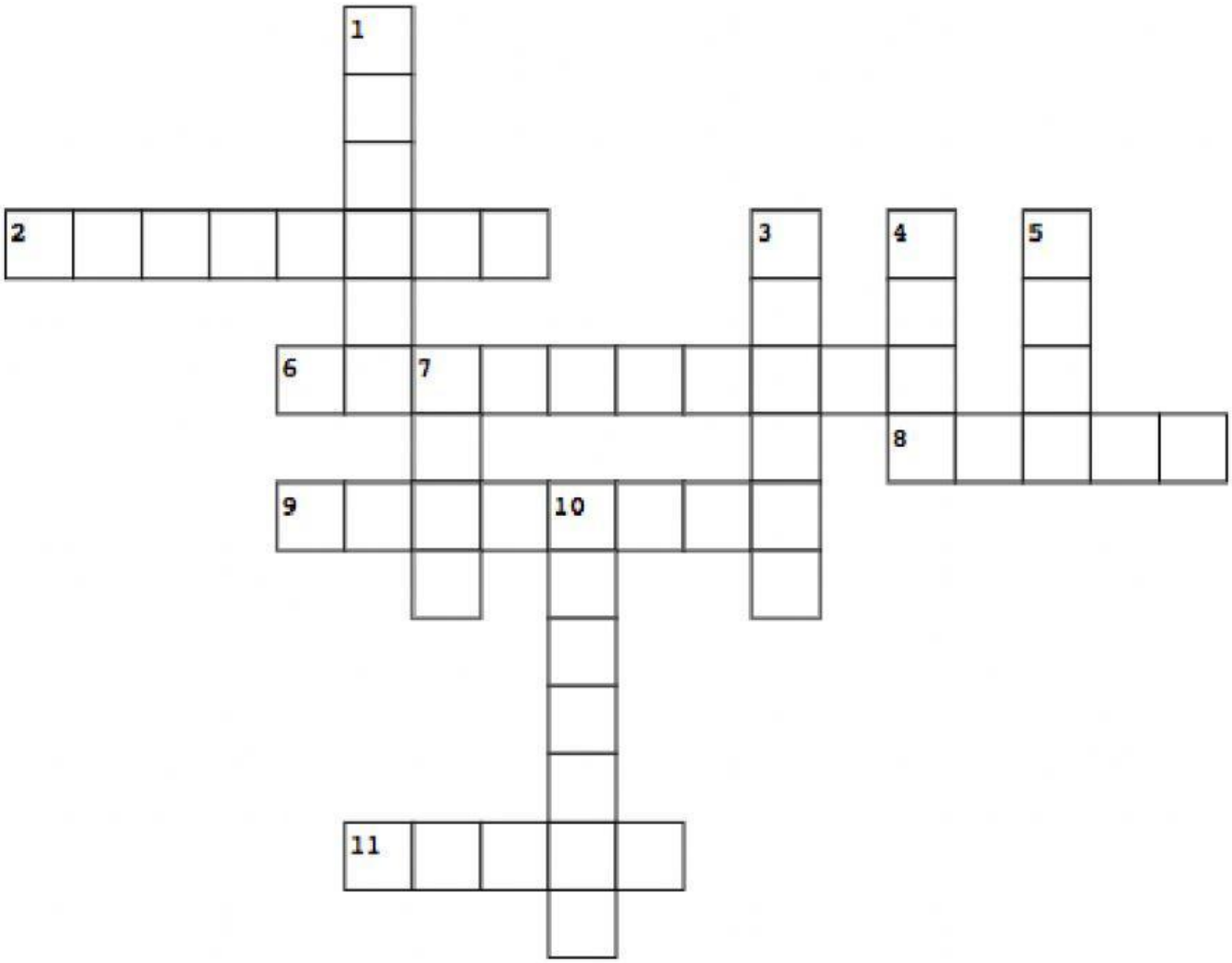
3. In the past, Eva has had _____.

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.