

# Unit 11

## 1 BEFORE YOU WRITE

**A** Read the form. Find the illnesses and conditions. Discuss the meanings.

### PATIENT HEALTH QUESTIONNAIRE

Name Blanca Gomes Date of Birth 8/21/69  M  F

Address 621 Arizona Ave., El Paso, TX 79902 Phone (915) 555-3538

Please check illnesses or conditions you have now or had in the past	Childhood	<input checked="" type="checkbox"/> Measles	Adult	<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
		<input checked="" type="checkbox"/> Mumps		<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Tuberculosis
		<input checked="" type="checkbox"/> Chicken Pox		<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Heart Disease

Are you allergic to any medicine? Please list: Penicillin

Are you currently taking any medication? Please list: Asthma medication

**B** Read the form again. Answer the questions.

1. What illnesses did Ms. Gomes have as a child? measles, mumps, and chicken pox
2. What illnesses does she have now? \_\_\_\_\_
3. What medicine does she take? \_\_\_\_\_
4. What medicine is she allergic to? \_\_\_\_\_

## 2 WRITE

Complete the form for yourself. Use true or made-up information.

### PATIENT HEALTH QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  M  F

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please check illnesses or conditions you have now or had in the past	Childhood	<input type="checkbox"/> Measles	Adult	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
		<input type="checkbox"/> Mumps		<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Tuberculosis
		<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Heart Disease

Are you allergic to any medicine? Please list: \_\_\_\_\_

Are you currently taking any medication? Please list: \_\_\_\_\_

Can you...complete a medical history?