

# Unit 7

## 1 BEFORE YOU WRITE

- A** Medical history forms provide information about your medical history to doctors and other health workers. Why is this information important?
- B** Read the form. Find *Allergies*, *Medications*, *Medical conditions*, *Health status*, *Deceased*, and *Concerns*. What do these words mean?

## 2 WRITE

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

### MEDICAL HISTORY

Today's Date: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_  
Food Allergies: \_\_\_\_\_  
Other Allergies: \_\_\_\_\_

Current medications you are taking: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Family Medical History			
Relation	Age	Health Status	If Deceased: Cause/ Age at death
Father			
Mother			
Siblings			

Please check all conditions which apply to yourself or any members of your family:

- asthma/allergies
- arthritis
- high blood pressure
- high cholesterol
- diabetes
- heart disease
- headaches
- seizures/epilepsy
- stroke
- lung disease
- liver disease
- ulcers

Other concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you... complete a medical history form?