

Procedures

Getting a patient's information

What are some typical questions you need to ask a new patient? With a partner and make notes of what you need to ask.



Questions to discuss

Where does a patient usually fill out forms in your hospital?

What do you think are the most important pieces of information?

Does your hospital have good forms for new patients? How many do they fill out?

Is there anything wrong with your hospital's forms?

Important vocabulary

medication	form	substance use
medical	information	alcohol
condition	sex	tobacco
allergy	male	reason
occupation	female	fill out

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Dialogue

Nurse: Good afternoon, Mr. Neil.

How are you feeling today?

Patient: Pretty good.

Nurse: Before we start, I need to ask you a few questions.

Patient: OK.

Nurse: ...



Take a look at this form. What questions should you ask?

Name	Occupation	
Date of birth	Sex	male female
Reason for visit	Allergies food: medicatio other.	n:
Current medications	Substance utobacco: alcohol: other:	/ day / day
Medical conditions	Other	

With a partner, write out the questions you should ask.

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Questions

Name	What's your name? Could	I have your name please?	
Date of birth	<u> </u>	I have your date of birth please?	
Reason for	What's wrong?	,	
visit	What's the matter?		
	Why did you come here today?		
	What is bothering you?		
Current	Are you taking any medication?		
medications	What medication are you taking?		
	Do you take any medication?		
Medical	Do you have any medical problems?		
conditions	Do you have?		
	diabetes?		
	high blood pressure?		
	heart problems?		
	Have you ever been diagnosed with?		
Occupation	What do you do? What is your	occupation?	
Allergies	Do you have any allergies to?	Are you allergic to …?	
food:	any food?		
medication:	any medication?		
other.	anything?		
Substance use	Do you smoke? Yes. → How m	nuch per day?	
tobacco:	Do you drink? Yes. → How m	nuch per day?	
alcohol:	Do you use drugs?		
other:			
Other	Is there anything else we should know?		
	Is there anything else you'd like to tell us?		

After practicing the questions, try to fill out the information form with your partner's information.

Name	Occupation	
Date of birth	Sex	male female
Reason for visit	Allergies food: medication: other.	
Current medications	Substance use tobacco: alcohol: other:	/ day / day
Medical conditions	Other	

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