



Module 7
Filling Out Medical Forms

Table of Contents

Reader's Notes.....	1
Introduction.....	3
Personal Information	5
Family History.....	10
Medical Forms.....	19
Family History - Survey	27
Jia's Dental History.....	30

Reader's Notes

The module 'Filling out Medical Forms' seeks to mitigate the errors and the difficulties faced when filling out medical documents that are likely to be encountered during visits to medical facilities. An overview of the material covered in the module is provided in the introduction. This covers the salient features of the module and serves as a useful source of information for the facilitators. We recommend that the facilitators read the introduction so that they have complete information before going to the class. The introduction is written in plain language so that it can be incorporated into effective lesson delivery.

Activity sheets that support the learning objectives are included in the module to reinforce the key health concepts that are being explored. A sample lesson plan which includes the targeted Canadian Language Benchmark (CLB) level of the learners and time estimation; and additional information about the topic has been provided with all activities. A visual glossary has been provided to assist the facilitator in explaining the new vocabulary. It is up to the facilitator to include, omit or adapt the activities according to the needs and level of the learners.

Keeping in mind the limited literacy level of the learners, the preferred method for teaching the curriculum envisages the following stages:

1. Introduce the subject and prompt a discussion, through brainstorm questions provided in the facilitator's notes. This reveals the existing knowledge the learners possess on the topic. Guide learners to relate their experiences and opinions about the topic. These discussions kindle interest and gain the attention of the learners, while providing an assessment to the teacher.
2. Introduce vocabulary by writing the key words on the board and teaching their meanings by showing pictures. When feasible, use of transparencies/ PowerPoint/ real life objects (realia)/ models /charts may be made to augment the learning.
3. Actively maintain learner participation by miming, choral repetition, role play, questioning, inviting opinions etc.
4. Review the activity sheet thoroughly and address learners' questions. This is achieved by active questioning, hinting at answers, allowing the learners come to a conclusive solution and then revealing the correct answer.
5. Ask the learners to attempt the activity and clarify as much as possible, without giving the answers.

Facilitators should use their discretion to select the activity sheets that best align with the level of their learners. Recapitulation and repetition is important at all stages.

During facilitation, handouts and activities should be distributed to the learners. They should be prompted to seek clarifications about the handout contents.

Learners should be encouraged and motivated to obtain more information about health through reading, internet, suitable television/radio news and documentary programs in their first language and discussions with their family members and friends.

Focus Questions

Facilitators should review the effectiveness of learning by focusing on some key questions and adapting the lessons according to the specific need of the learners. Focus questions include:

- Is the lesson appropriate for the learners' literacy level?
- Will the learners find the lesson interesting and useful?
- Does the lesson connect to the learning goals of the learners?
- Are the lessons being tailored to meet the needs of the learners?
- Is feedback being used to assess the effectiveness of learning by the class?
- Are the learners able to do what is expected of them at the end of instruction?
- Have the needs of the low literacy level learners been catered for to enable them to keep abreast with the rest of the class?
- Are lessons being recapitulated and reviewed regularly in the class?
- Are the learners acquiring adequate vocabulary about items related to health care?
- Can the learners describe problems related to health, hygiene, illness, sickness, injuries and symptoms orally and in writing?
- Have the learners been provided sufficient practice on what they will be assessed on?

Introduction

You need to fill out medical forms when you see a doctor. An important part of these forms is your medical history (health history; have you or your family had any bad sicknesses).

Your medical history includes whether or not you:

- Have allergies (something you eat or touch makes you sick (sneeze, itch, trouble breathing, swell)
- Have had surgeries (doctor helps you by taking out, fixing or changing parts of your body)
- Had a serious (bad) illnesses (sickness that last a long time)
- Stayed in a hospital for over night or longer because of a sickness
- Take any medicines (drugs you take to make you feel better)
- Have you had all your vaccinations (medicine given through a needle that prevents a sickness)
- Drink alcohol (beer, wine, etc.)
- Smoke cigarettes
- Use drugs (something like medicine but not legal or healthy to take. People take drugs for pleasure/ to feel good like marijuana/ pot, cocaine, etc.)

You need to know your family's medical history. Your family's medical history is health information about your blood relatives (parents, grandparents, children, and brothers or sisters).

Doctors and nurses will ask you if you or any one in your family had serious (bad) health problems such as:

- High blood pressure (the force made by blood inside the tubes that carry blood to different body parts)
- Cholesterol (fat that is found in cells and blood, if there is too much cholesterol it can hurt the heart)
- Heart attack (the heart gets damaged)
- Stroke (sudden loss of **brain** function caused when the supply of **blood** to the brain stops)
- Diabetes disease/illness caused by too much sugar in the blood)
- Allergies (something you eat, drink or breathe in that makes you sick; sneeze, itching, trouble breathing, swelling)
- Asthma (a disease that makes it hard for people to breathe)
- Depression (sadness or unhappiness that last a long time)
- Cancer (cells in our body grow uncontrollably; cells are what make up our body)
- Overweight (weighing more than you should; heavy, chubby, fat)
- Anemia (tired; low iron in blood; weak blood; not enough red blood cells or small red blood cells; red blood cells carry air and nutrients to the whole body)
- Prostate (part of a man's reproductive system)
- Osteoporosis (weakening of the bones in the body; can cause pain)
- Arthritis (pain in joints; joints where two bones meet)

- Kidney Disease (illness where your kidney cannot clean the blood well)
- Liver Disease (liver gets damaged/hurt; illnesses such as cirrhosis or hepatitis)
- Tuberculosis (illness that affects your lungs and other parts of your body)

Doctors and nurses will also ask:

- What age did the serious (bad) health problems happen or start?
- Are you currently taking medication?
- Have you had all your vaccinations (medicine given through a needle to prevent illnesses/disease)?

Write this information and take it with you to your doctor's appointment (a time you agree to meet someone). It will help your doctor take care of your health. Your doctor may send you for medical tests (a medical procedure to see if there is something wrong) to make sure you do not have these problems that your family had. Your doctor will give you information on how you can stay healthy. For example, if your grandmother and father had diabetes (disease with too much sugar in the blood) the doctor may test you for diabetes. The doctor will then tell you what you should do to not get diabetes. Or your mom had cervical cancer; the doctor would want to do a Pap test (checks for changes in the cells of your cervix. The cervix is the lower part of the uterus (womb). The Pap test can show if you have unhealthy (bad) cells that could lead to cancer.)

You will need to give your doctor's your personal information. This includes:

- Full name (First name, Middle name, Last name)
- Address (where you live – house number, street name, postal code)
- Telephone number (home, work and cell phone number)
- Alberta Personal Health Card number
- Marital status: are you married or not (single, divorced, widowed, etc.)
- Employment status (if you have a job or you do not have a job)
- Next of Kin (your closest family member like a husband or child and their telephone numbers)
- Emergency Contact (person who you would want to contact in an emergency and their telephone number)

If you have any problems filling out the forms you can ask for help. You can ask:

- Can you help me fill out this form?
- I do not understand this question. Please explain it to me?

When you go to other health professionals and doctors you will fill out medical history forms.

If you go to the dentist (a doctor for your teeth and gums) you will answer questions such as:

- Are your teeth sensitive to any foods? (do your teeth hurt if you have something hot or cold; sweet or sour)
- Do you brush your teeth regularly (every day, two times each day)?
- Do you grind (press tightly) your teeth?
- Do your gums bleed when you brush your teeth?
- Do you feel pain in any of your teeth?

Personal Information

Facilitator's Notes

Level: Pre-benchmark, CLB 1, CLB 2

Time: 30-60 minutes

Targeted Language Skills: reading, writing, speaking

Objective: To enable students to write personal information where required.

Materials:

- Copy of activity sheet (one per learner)
- Pencils and erasers

Vocabulary: initial, surname, married, single

Information: You will need to give your doctor's your personal information. This includes:

- Full name (First name, Middle name, Last name)
- Address (where you live – house number, street name, postal code)
- Telephone number (home, work and cell phone number)
- Alberta Personal Health Card number
- Marital status: are you married or not (single, divorced, widowed, etc.)
- Employment status (if you have a job or you do not have a job)
- Next of Kin (your closest family member like a husband or child and their telephone numbers)
- Emergency Contact (person who you would want to contact in an emergency and their telephone number)

Brainstorm: Ask learners:

- Have they ever had to write their personal information in the forms?
- Were they able to write it correctly?
- What problems did they have?

Instructions: Personal Information 1

1. Distribute activity sheet, 'Personal Information 1'.
2. Tell the learners about the various abbreviations used as a title in the forms e.g. Mr., Mrs., Miss, Ms., etc. Elaborate the usual parts of a form i.e. Surname, Postal Code, Address etc.
3. Explain the task to the learners. Circulate and assist where needed.

Personal Information 2

1. Distribute activity sheet, 'Personal Information 2'
2. Read the content of the boxes with the learners explaining any difficult words.
3. Ask the learners to fill the Medical History Form, by using the alphabets corresponding to the information given in the boxes. Circulate and assist where needed.

Personal Information 3

1. Distribute activity sheet, 'Personal Information 3'
2. Tell the learners that they have to provide details about their family members when they fill up medical forms. Circulate and assist where needed.

Answer Key: Personal Information 1:

1.
 - a. A married or single man
 - b. A married woman
 - c. A single woman
 - d. A married or single woman

2.
 - a. Mr.
 - b. Mike
 - c. Gibbs
 - d. 524 Glenview Manor SW
 - e. T7J 8B4
 - f. 1-403-998-3752

Activity: Personal Information 1

1. Draw lines to match the words.



- | | |
|---------|------------------------------|
| a) Mr. | 1. A single woman |
| b) Mrs. | 2. A married or single woman |
| c) Miss | 3. A married or single man |
| d) Ms. | 4. A married woman |

2. Match the columns.

- | | |
|---------------------|----------------------------|
| a) Title | 1. Mike |
| b) First Name | 2. Mr. |
| c) Surname | 3. 524-Glenview Manor S.W. |
| d) Address | 4. 1-403-998-3752 |
| e) Postal Code | 5. Gibbs |
| f) Telephone Number | 6. T7J 8B4 |

Activity: Personal Information 2

**252 Taralake View
N.E. Calgary**

A

12/8/86

B

Mary

C

Female

D

403-821-6179

E

Married

F

Fill out the form with the information in the boxes.

MEDICAL HISTORY FORM

Name.....

Sex.....

Date of Birth.....

Address.....

Telephone.....

Married/Single.....

Activity: Personal Information 3

Fill out the form with your information.

Applicant's Name				
Title(Mr./Mrs./Ms.)	First Name	Initial	Surname	
Sex				
Date of Birth				
Address				
Postal Code				
Telephone Number				
Family Information:				
Name First/middle/last	Sex M/F	Relationship	Date Of Birth Month/day/year	Alberta Health Care Card Number

Family History

Facilitator's Notes

Level: Pre-benchmark, CLB 1, CLB 2

Time: 40-60 minutes

Targeted Language Skills: reading, writing

Objective: To enable learners to attain literacy and language skills required to fill out medical forms

Materials:

- Copy of activity sheet (one per learner)
- Pencils and erasers
- Pictures from visual glossary

Vocabulary: arthritis, depression, habit, suffers, healthy, jogging, biking, recovered, prostate

Information: You need to know your family's medical history. Your family's medical history is health information about your blood relatives (parents, grandparents, children, and brothers or sisters).

Doctors and nurses will ask you if you or any one in your family had serious (bad) health problems such as:

- High blood pressure (the force made by blood inside the tubes that carry blood to different body parts)
- Cholesterol (fat that is found in cells and blood, if there is too much cholesterol it can hurt the heart)
- Heart attack (the heart gets damaged)
- Stroke (sudden loss of **brain** function caused when the supply of **blood** to the brain stops)
- Diabetes (disease/illness caused by too much sugar in the blood)
- Allergies (something you eat, drink or breathe in that makes you sick; sneeze, itching, trouble breathing, swelling)
- Asthma (a disease that makes it hard for people to breathe)
- Depression (sadness or unhappiness that lasts a long time)
- Cancer (cells in our body grow uncontrollably; cells are what make up our body)
- Overweight (weighing more than you should; heavy, chubby, fat)
- Anemia (tired; low iron in blood; weak blood; not enough red blood cells or small red blood cells; red blood cells carry air and nutrients to the whole body)
- Prostate (part of a man's reproductive system)
- Osteoporosis (weakening of the bones in the body; can cause pain)
- Arthritis (pain in joints; joints where two bones meet)
- Kidney Disease (illness where your kidney cannot clean the blood)

- well)
- Liver Disease (liver gets damaged/hurt; illnesses such as cirrhosis or hepatitis)
- Tuberculosis (illness that affects your lungs and other parts of your body)

Doctors and nurses will also ask:

- What age did the serious (bad) health problems happen or start?
- Are you currently taking medication?
- Have you had all your vaccinations (medicine given through a needle to prevent illnesses/disease)?

Instructions: Kate's Family History

1. Distribute activity sheet, 'Kate's Family History'.
2. Introduce new vocabulary and teach their meanings with the help of pictures. Ask the learners to read them aloud.
3. Use some examples on the board to explain the task to the learners.
4. Give clear instructions for the activity.
5. Circulate and assist where needed.

Jane's Family History

1. Distribute reading, 'Jane's Family History'. (Use Celina's Family History for lower levels.)
2. Write down the key words on the board and teach their pronunciations and meanings with the help of pictures. Ask the learners to read them aloud several times.
3. Read the passage aloud and ask questions from the learners to ensure that they understand.
4. Distribute activity sheet, 'Jane's Family History'.
5. Use some examples on the board to explain the task to the learners.
6. Ask the learners to read the passage and then fill the family history form for Jane.
7. Circulate and assist where needed.

My Family History

1. Distribute activity sheet, 'My Family History'.
2. Write down the key words on the board and teach their pronunciations and meanings with the help of pictures. Ask the learners to read them aloud several times.
3. Use some examples on the board to explain the task to the learners. Ask the learners to read the health problems and put check marks against whichever applies to them or the family members or both. Tell them to write the details of the family members, where applicable.
4. Circulate and assist where needed.

Answer Key: Jane's Family History Form:

Relation	Disease
Father	DIABETES
Mother	ASTHMA
Brothers	HIGH BLOOD PRESSURE
Sisters	DIABETES
Daughters	
Sons	OVERWEIGHT
Pregnancy History	
Year	Remarks
1999	
2004	C-SECTION
Serious Illness/Injury	
Year	Remarks
2005	BROKE HER LEG
Habits	
Coffee/Tea	2 CUPS TEA
Alcohol	DOESN'T DRINK
Smoking	DOESN'T SMOKE

Handout: Family



Grandfather



Grandmother



Father



Mother



Son



Daughter

Activity: Kate's Family History

Kate has gone to her family doctor for the first time.
The doctor asked her to fill out her family medical history form.

Look at the health problems and fill out the form.

Grandfather	Grandmother	Father	Mother	Son	Daughter



Heart trouble
Prostate



Diabetes
Osteoporosis



Arthritis



Cancer
Stress



Allergy



Asthma

Activity: Celina's Family History

Read about Celina's family. Fill out the family history form for Celina.

- Celina's father has diabetes.
- Her mother has asthma.
- Her brother has high blood pressure.
- Her sister has diabetes.
- She smokes three cigarettes a day.
- She takes three cups of coffee in a day.

Relation	Disease
Father	
Mother	
Brothers	
Sisters	
Habits	Remarks
Coffee/Tea	
Alcohol	
Smoking	

Reading: Jane's Family History

Read about Jane's family. Fill out the family history form for Jane.

- Jane is 40 years old.
- Her father has diabetes.
- Her mother has asthma.
- She has one brother and one sister.
- Her brother has high blood pressure.
- Her sister has diabetes.
- Jane has a daughter.
- She was born in 1999.
- Her son was born in 2004.
- The son was born after a C-section.
- Her daughter keeps fit.
- The son is overweight. He eats lots of chocolate and candy.
- Jane drinks two cups of tea in a day.
- She does not smoke or drink.
- In 2005 she broke her leg. She recovered soon.
- Now she does jogging and biking everyday.

Activity: Jane's Family History

Fill out the Family History Form for Jane.

FAMILY HISTORY FORM

Relation	Disease
Father	
Mother	
Brothers	
Sisters	
Daughters	
Sons	
Pregnancy History	
Year	Remarks
Serious Illness/Injury	
Year	Remarks
Habits	Remarks
Coffee/Tea	
Alcohol	
Smoking	

Activity: My Family History

A. Check the diseases or conditions you or a family member has had.

Disease/Condition	You	Family	Relationship
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Medical Forms

Facilitator's Notes

Level: CLB 2

Time: 40-60 minutes

Targeted Language Skills: reading, writing

Objective: To enable learners to attain literacy and language skills required to fill out medical forms.

Materials:

- Copy of activity sheet (one per learner)
- Pencils and erasers
- Pictures from visual glossary

Vocabulary: immunization, injection, screening test, underweight, overweight

Information: You need to know your family's medical history. Your family's medical history is health information about your blood relatives (parents, grandparents, children, and brothers or sisters).

Doctors and nurses will ask you if you or any one in your family had serious (bad) health problems such as:

- High blood pressure (the force made by blood inside the tubes that carry blood to different body parts)
- Cholesterol (fat that is found in cells and blood, if there is too much cholesterol it can hurt the heart)
- Heart attack (the heart gets damaged)
- Stroke (sudden loss of **brain** function caused when the supply of **blood** to the brain stops)
- Diabetes (disease/illness caused by too much sugar in the blood)
- Allergies (something you eat, drink or breathe in that makes you sick; sneeze, itching, trouble breathing, swelling)
- Asthma (a disease that makes it hard for people to breathe)
- Depression (sadness or unhappiness that last a long time)
- Cancer (cells in our body grow uncontrollably; cells are what make up our body)
- Overweight (weighing more than you should; heavy, chubby, fat)
- Anemia (tired; low iron in blood; weak blood; not enough red blood cells or small red blood cells; red blood cells carry air and nutrients to the whole body)
- Prostate (part of a man's reproductive system)
- Osteoporosis (weakening of the bones in the body; can cause pain)
- Arthritis (pain in joints; joints where two bones meet)
- Kidney Disease (illness where your kidney cannot clean the blood well)

- Liver Disease (liver gets damaged/hurt; illnesses such as cirrhosis or hepatitis)
- Tuberculosis (illness that affects your lungs and other parts of your body)

Doctors and nurses will also ask:

- What age did the serious (bad) health problems happen or start?
- Are you currently taking medication?

Instructions: Betty's Medical Form

1. Read out the entire listening script, 'Betty's Medical Form' slowly and ask questions from the learners to confirm comprehension.
2. Distribute activity sheet, 'Betty's Medical Form'.
3. Read the script again and tell the learners that they should now fill the entries on their activity sheets, as you read out the sentences one by one. Encourage the learners to ask you to repeat, if they need to do so.
4. Circulate to assist where needed.

Sue's Medical Form

1. Distribute reading, 'Sue's Medical Form'.
2. Write down the key words on the board and teach their pronunciations and meanings with the help of pictures. Ask the learners to read them aloud several times.
3. Distribute activity sheet, 'Sue's Medical Forms'
4. Use an example on the board to explain the task to the learners. Explain the difference between past and present.
5. Check the learners' answers and get class consensus on their accuracy.

My Medical Form

1. Distribute activity sheet, 'My Medical Form'.
2. Allow time for learners to read the form and ask question about what they don't understand.
3. Write down the difficult words on the board and teach their pronunciations and meanings with the help of pictures. Use some examples on the board to explain the task to the learners. Go over each column of the form to ensure that the learners understand the task.
4. Circulate and assist where needed.

Answer Key: Activity: Sue's Medical Form

Symptom	Past	Present
Allergies		X
Anemia	X	
Cancer		
Depression	X	
Diabetes		
Eyes (Vision)		X
Hearing Problems		
High Cholesterol	X	
High Blood Pressure		
Sleep Problem	X	
Overweight/Underweight	X	

Activity: Betty's Medical Form

IMMUNIZATIONS

Flu Shot (Date) November 20 Measles (Date) 1980

Tetanus (Date) 2004 Chickenpox (Date) _____

HEALTH SCREENING TESTS

Test	Normal	Not Normal	Remarks
Cholesterol		X	high
Pap Test	X		

MEDICATIONS

Medicine	Remarks
Tylenol	Headache
Multivitamin	Once a day
Iron	Once a day

Listening: Betty's Medical Form

Betty went to a doctor's clinic. The nurse asked her to fill out a form. Listen and fill out Betty's medical form.

- Betty had a flu shot in November 2008.
- Betty had immunization for Measles in 1980.
- Betty had a cholesterol test done in June 2006. It was not normal. The level was high.
- Betty had a Pap test done in May 2005. It was normal.
- Betty takes Tylenol sometimes when she has a headache.
- Betty takes multivitamin and iron tablets daily.



Activity: Betty's Medical Form

Listen and fill out Betty's medical form.

IMMUNIZATIONS

- Flu Shot (Date) _____ Measles (Date) _____
- Tetanus (Date) _____ Chickenpox (Date) _____

HEALTH SCREENING TESTS

Test	Normal	Not Normal	Remarks
Cholesterol			
Pap Test			

MEDICATIONS

Medicine	Remarks

Reading: Sue's Medical Form

Sue went to the clinic.

The nurse asked her to fill out a form.





Read and fill out Sue's medical form.

- Sue is allergic to dust.
- Sue uses reading glasses. She has weak eye sight.
- Two years ago Sue had high cholesterol.
- Sue is overweight.
- In 2004, she hurt her leg. She was depressed. She is well now.
- Sue has high blood pressure.



Activity: Sue's Medical Form

Read and fill out Sue's medical form.

SYMPTOMS		
Symptom	Past	Present
 Allergies		
 Overweight/Underweight		
 Depressed		
 Diabetes		
 Eyes(Vision)		
 High Blood Pressure		
Cancer		

Activity: My Medical Form

Fill out the form.

Name (Last, First, Middle)		Other names used	
Alberta Health Number	Gender (circle) F M	Date of Birth (mm/dd/yyyy) ____/____/____	
Mailing Address (include apartment number, if applicable)	City	Province	Postal Code
Home Telephone Number ()	Work Telephone Number ()		
Current Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
If your first language is not English, please list			
Employment Status (check one) <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired – date of retirement (mm/dd/yyyy) ____/____/____	Company name/address/telephone (only if employed or retired)		
Name, address and relationship of <i>next of kin</i>	Home telephone number of <i>next of kin</i>		
	Work telephone number of <i>next of kin</i>		
Name, address and relationship of <i>emergency contact</i>	Home telephone number of <i>emergency contact</i>		
	Work telephone number of <i>emergency contact</i>		

Family History - Survey

Facilitator's Notes

Level: CLB 2

Time: 30-60 minutes

Targeted Language Skills: listening, reading, writing, speaking

Objective: To familiarize learners about family's medical history

Materials:

- Copy of activity sheet (one per learner)
- Pencils and erasers

Vocabulary: diabetes, asthma, allergy, surgery, medication

Information: You need to know your family's medical history. Your family's medical history is health information about your blood relatives (parents, grandparents, children, and brothers or sisters).

Doctors and nurses will ask you if you or any one in your family had serious (bad) health problems such as:

- High blood pressure (the force made by blood inside the tubes that carry blood to different body parts)
- Cholesterol (fat that is found in cells and blood, if there is too much cholesterol it can hurt the heart)
- Heart attack (the heart gets damaged)
- Stroke (sudden loss of **brain** function caused when the supply of **blood** to the brain stops)
- Diabetes (disease/illness caused by too much sugar in the blood)
- Allergies (something you eat, drink or breathe in that makes you sick; sneeze, itching, trouble breathing, swelling)
- Asthma (a disease that makes it hard for people to breathe)
- Depression (sadness or unhappiness that last a long time)
- Cancer (cells in our body grow uncontrollably; cells are what make up our body)
- Overweight (weighing more than you should; heavy, chubby, fat)
- Anemia (tired; low iron in blood; weak blood; not enough red blood cells or small red blood cells; red blood cells carry air and nutrients to the whole body)
- Prostate (part of a man's reproductive system)
- Osteoporosis (weakening of the bones in the body; can cause pain)
- Arthritis (pain in joints; joints where two bones meet)
- Kidney Disease (illness where your kidney cannot clean the blood well)
- Liver Disease (liver gets damaged/hurt; illnesses such as

cirrhosis or hepatitis)

- Tuberculosis (illness that affects your lungs and other parts of your body)

Doctors and nurses will also ask:

- What age did the serious (bad) health problems happen or start?
- Are you currently taking medication?
- Have you had all your vaccinations (medicine given through a needle to prevent illnesses/disease)?






Instructions:

1. Write the names of various diseases on the board and talk about them with the learners.
2. Distribute activity sheet, 'Survey - Family History'.
3. Tell the learners about various aspects of family history like diseases, medication, surgery etc.
4. Use some examples on the board to explain the task to the learners. For higher level learners encourage the learners to ask their classmates the questions as they are written in the activity sheet.
5. Ask the learners to go round the class and ask their friends in the class about the information and record the numbers under the relevant columns. For example, if 3 family members of their friends had allergy problem, they should write 3 under the Yes column. If nobody remembers a surgery on a family member, they should write 0 under the No column and so on and so forth.
6. Circulate and assist where needed.
7. Ask the learners to share their data one by one in the class.

Activity: Family History - Survey

Look at the pictures.

Ask three or more friends these questions.

 <p>Medication</p>	<p>Does anyone in your family take medicines? <u>Yes</u> <u>No</u></p> <p>1. 2. 3.</p>
 <p>Allergy</p>	<p>Has anyone in your family had an allergy?</p> <p>1. 2. 3.</p>
 <p>High Blood Pressure</p>	<p>Does anyone in your family have high blood pressure?</p> <p>1. 2. 3.</p>
 <p>Asthma</p>	<p>Does anyone in your family have asthma?</p> <p>1. 2. 3.</p>
 <p>Heart Problem</p>	<p>Does anyone in your family have a heart problem?</p> <p>1. 2. 3.</p>

Jia's Dental History

Facilitator's Notes

Level: CLB 1, CLB 2

Time: 30-40 minutes

Targeted Language Skills: reading, writing

Objective: To familiarize learners with a form they are required to fill out at a dentist's office.

Materials:

- Copy of activity sheet (one per learner)
- Pencils and erasers

Vocabulary: dental, sensitive, infection, sour, chewing, grind

Information: When you go to other health professionals and doctors you will fill out medical history forms.

If you go to the dentist (a doctor for your teeth and gums) you will answer questions such as:

- Are your teeth sensitive to any foods? (do your teeth hurt if you have something hot or cold; sweet or sour)
- Do you brush your teeth regularly (every day, two times each day)?
- Do you grind (press tightly) your teeth?
- Do your gums bleed when you brush your teeth?
- Do you feel pain in any of your teeth?

Instructions:

1. Write down the new vocabulary on the board and teach their pronunciations and meanings by showing pictures.
2. Distribute reading, 'Jia's Dental History'.
3. Allow time for learners to read the information.
4. Read out the entire reading 'Jia's Dental History' slowly and ask questions from the learners to confirm comprehension.
5. Distribute activity sheet, 'Jia's dental history'.
6. Use an example on the board to explain the task to the learners.
7. Check the learners' answers and get class consensus on their accuracy.

Extension: Provide the learners with an extra form and have them write their personal dental history.

Answer Key:

Question	Yes	No
Are your teeth sensitive to any foods?		X
Are your teeth sensitive to sour foods and liquids?	X	
Do you brush your teeth regularly?		X
Do you grind your teeth?		X
Do your gums bleed while brushing?		X
Do you feel pain in your teeth?	X	

Reading: Jia's Dental History

Read and fill out the dental form for Jia.

- Jia is seven years old.
- Jia's teeth hurt when she eats sour foods.
- She eats chocolates and candies.
- She forgets to brush her teeth at night.
- Sometimes her gums bleed when brushing.
- She grinds her teeth when sleeping.
- Yesterday, she ate some grapes. They were sour.
- She felt a lot of pain in her teeth.
- Her mother took her to the dentist.



Activity: Jia's Dental History

Read and fill out the dental form for Jia.

Question	Yes	No
Are your teeth sensitive to any foods?		
Do you brush your teeth regularly?		
Do you grind your teeth?		
Do your gums bleed while brushing?		
Do you feel pain in any of your teeth?		