**SUBSTITUTION DRILLS**

**Diseases and Medications**

**Have you ever had ………...?**

diabetes

pneumonia

tuberculosis

venereal disease

kidney stones

gall stones

hepatitis

**Did anyone ever find that you had………?**

Jaundice

high blood pressure

a heart murmur

a urinary infection

high blood sugar

ulcer

**Has anyone in your family had …………?**

cancer

hypertension

angina

heart attacks

strokes

polyps of the colon

**Have you ever had a diagnosis of ………?**

appendicitis

diverticulitis

colitis

hemorrhoids

rheumatic fever

arthritis

asthma

bronchitis

**Practice Sentences**

Chief Complaint

What seems to be the trouble?

What`s been bothering you most?

What brings you to the doctor today?

What is your number one complaint?

What is the main problem you wanted to see ne about?

**Present Illness**

When did it begin?

How long has that been going on?

When did you first noticed it?

What is the last time you felt perfectly well?

Is this an old problem, or is it something new?

Have you ever had anything like this before?

What seems to bring it on?

What does it feel like?

Where does the pain go to?

What do you do to help it go away?

Have you taken any treatment for it?

Has anyone at home or work had the same problem?

**Habits**

How much do you smoke?

How many cups of coffee do you drink each day?

How many cocktails do you drink in a day?

How much beer do you drink on a week?

What are all the pills and medicines that you take?

**Some Common Symptoms**

Do you get out of breath easily?

Have you had trouble climbing stairs?

Have you noticed swelling of your ankle?

Has there been any trouble with your bowels lately?

How many times do you get up at night to urinate?

Have you brought up any sputum?

How has your mood been lately?

**SOME OTHER SYMPTOMS**

**Have you been troubled with ………..**

coughing.

wheezing

headaches

sore throats

shortness of breath

**Have you ever had ………………………….. in your chest?**

pain

tightness

pressure

heaviness

squeezing

burning

**Have you been suffering from ……………………………?**

abdominal pain

constipation

diarrhea

nausea

vomiting

**Have you recently noticed any ………………………….?**

blood in your stools

trouble swallowing

change in bowel habits

lumps in your breast

swollen glands

loss of weight

fever

sweats

chills

trouble sleeping

**Are you having any ………………………………………. lately?**

trouble with your periods

bleeding between periods

problems with sexual function

crying spells (vaginal discharge)

difficulty urinating

**Tell me if you`ve ever experienced …………………………………. .**

double vision

fainting spells (fainting episodes)

dizziness

loss of consciousness

trouble walking

pain and needle sensation

numbness or tingling

loss of memory

trouble with your eyes

convulsions

**SOCIAL HISTORY.**

**Habits**

Do you smoke?

How much do you smoke?

Do you drink coffee?

How many cups of coffee do you drink? Each day?

Do you drink alcohol?

How many cocktails do you drink in a day?

How much beer do you drink on a weekend?

Are you taking any pills or medicine?

What are the pills and medicines that you take?

**PHYSICAL EXAMINATION.**

Please step onto the scale.

Just sit up straight, please.

Let me see your hands.

Open your mouth wide, please.

Stick out your tongue.

Look at the ceiling

Follow my finger with your eyes.

Please, breathe in and out slowly through your mouth.

Take a deep breath in and hold it; now let it out.

Give a cough; once more, please.

Lie back, please, and put your legs out straight.

Does it bother you when I press here?

Please, turn on your left side, facing away from me.

Push down as though you want to move your bowels.

Can you stand up straight for a moment, please?

Let me see you walk across and back.

**SOME PROCEDURES**

**This patient will need a (N) ………………………………….**

Appendectomy

cholecystectomy

gastrectomy

herniorrhaphy

hemorrhoidectomy

protocolectomy

ileostomy

hysterectomy and bilateral salpingo-oophorectomy

**Do you think we should do a (N)** ……………………………………………………...?

Dilatation and curettage (C and D)

Bronchoscopy

Mediostinoscopy

Colonoscopy and polypectomy

Percutaneous liver biopsy

Endoscopic retrograde cholangiopancreatography.

**We`d better send him for a (N)** ………………………………………………………………

abdominal sonogram

computerized tomography (CT scan)

intravenous pyelogram (IVP)

electroencephalogram (EEG)

electrocardiogram (EKG) or ECG)

echocardiogram

pulmonary function test

coronary arteriogram

cardiac catheterization.