**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.