

PATIENT INFORMATION CARDS - FILLING OUT MEDICAL FORMS

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4.3 (INTERMEDIATE)

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Present Health Concerns: My nose is runny. I'm tired, and I have a fever.

Medications: I take two ibuprofen twice a day.

Allergies: I am allergic to peanuts. It is hard to breathe.

Personal Medical History: N/A

Surgical History: Tonsils removed, May 2000

4.3 (INTERMEDIATE)

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Present Health Concerns: I have aches and chills. I also have a headache and a fever.

Medications: N/A

Allergies: N/A

Personal Medical History: Heart attack, June 2005

Surgical History: N/A

4.3 (INTERMEDIATE)

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Present Health Concerns: My wrist really hurts. I think I might have broken it.

Medications: I'm taking a Tylenol every four hours.

Allergies: Cats and dogs

Personal Medical History: Skin cancer, December 2008

Surgical History: Skin cancer removal, February 2009

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Present Health Concerns: I injured my arm. I fell down the stairs and caught myself with my arm.

Medications: N/A

Allergies: Penicillin, peanuts

Personal Medical History: N/A

Surgical History: N/A

4.3 (INTERMEDIATE)

PATIENT INFORMATION CARDS - FILLING OUT MEDICAL FORMS

Present Health Concerns: I fell when I was running and landed on my knees. My right knee hurts when I walk.

Medications: N/A

Allergies: Dairy, garlic

Personal Medical History: Heart disease

Surgical History: Double Bypass, December 2008

4.3 (INTERMEDIATE)

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Present Health Concerns: I was lifting a heavy box at work and felt something pop in my back. It really hurts and I can't stand up straight.

Medications: Two Ibuprofen twice a day

Allergies: N/A

Personal Medical History: N/A

Surgical History: N/A

4.3 (INTERMEDIATE)