

### III COMMUNICATION WITH THE PATIENT

#### □ FILLING THE ADMISSION CARDS AND PERSONAL ANAMNESIS

- Dr... is in charge of your case.  
What's your surname? Would you mind spelling it, please?  
What are your Christian names?  
What's your permanent address?  
What's the address of your temporary stay?  
Who can give us any further information about your accident?  
When were you born?  
Are you married?  
What's your occupation?  
Who's your nearest relation?  
What's your religion?  
Have you ever been hospitalized?  
Have you had any accident (operation) before?  
Are you allergic to anything?  
Were you seriously ill in your childhood?  
Are you having treatment for anything?  
What medicaments do you take?  
Has there ever been diabetes, tuberculosis, tumorous diseases (cancer), mental diseases, venereal diseases... in your family?  
Are you on any special diet?  
Are you a vegetarian?  
Do you suffer from any serious illnesses?  
Could you fill in the form, please?  
Would you sign the form, please?  
Have you got insurance for your journey (stay...)?  
Have you got any papers (a paper) from your country's national health service?  
Do you smoke? How many cigarettes a day?  
How often do you drink alcohol?  
Have you ever been unconscious?  
Do you suffer from high blood pressure? How long?  
Have you ever had a blood transfusion?  
Have you ever bled? When and from what organ?  
Have you ever had ECG done?  
Have you been ill recently?

- Does it hurt you here?  
Where does the pain spread to?  
Do your legs swell?  
Do you feel pressure on the chest?  
When you are breathing, do you feel a pain in your chest?  
Do you cough? What is it like?  
What do you cough up?  
Do you feel like eating?  
Do you have troubles with heartburn, flatulence?  
What is your stool like?  
Do you have diarrhoea, constipation?  
Can you pass water (urinate)?  
How many stools a day do you have?  
What is the colour of your stool?  
Do you have a raised temperature?  
Do you feel queasy?  
Have you vomited?  
Do you feel tired?  
Are you short of breath? When?  
Do you have dizzy spells?  
Do you sleep well?  
Do you sometimes have palpitations?  
Have you lost any weight?  
What are your present complaints?  
When and how did your troubles start?  
Do you suffer from headaches?  
Do you have nausea? (Are you sick?)  
How often do you have your bowels open?  
How many times a night do you have to urinate?  
Do you sweat?  
Is there anything else that troubles you and what I forgot to ask you about?

#### □ ASKING ABOUT TROUBLES

- Could you tell us about your troubles?  
What's troubling you? What do you complain of?  
What's the matter with you?  
Where does it hurt?  
Show me with your finger where it hurts.  
How long have you had the pain (the troubles)?  
Does it bother you at night?