## PATIENT HISTORY FORM

PERSONAL INFORMATION:	Date:	PRIMARY DIAGNOSIS:
Patient's name:	Name of nurse:	
Date of birth:	Patient history compiled with a third party:	
Address:		
Phone number:	(name, surname)	SECONDARY DIAGNOSIS / OPERATIONS:
Housing situation:  own household	Size: Weight: BMI:	
in a household with:	IMPORTANT INFORMATION:	
Family members help in the household with:	ALLERGIES:  yes  no	
	IMPORTANT MEDICATION:	FAMILY HISTORY:
Employment (type):		
Emergency contact:	AIDC	
(name, surname)	AIDS:  hearing aid left / right	DIET: no
	glasses / lenses	If yes, please specify:
(phone number)	n / n /	
Family doctor:	walker / walking stick OTHERS:	HABITS:  non-smoker smoker
Transfer documents: yes no	CURRENT SYMPTOMS:	ADDICTION PROBLEM:
Native language:		yes no

This worksheet was downloaded from: Vorbrink, Katina (2021). "Creating teaching materials for nursing schools using medical TV series" In Le Foll, Elen (Ed.), *Creating Corpus-Informed Materials for the English as a Foreign Language Classroom*. <a href="https://elenlefoll.pressbooks.com">https://elenlefoll.pressbooks.com</a>. CC-BY-NC 4.0.