New and Improved . . .

Based on your feedback, we’ve added teacher-ready resources:

✓ Module plan adjusted for two levels
✓ Assessment tasks at 2 levels
✓ Skill-building activities  NEW!
✓ Skill-using activities  NEW!
✓ Goal setting and learner reflection tools  NEW!
✓ Reference list of other materials  NEW!

How can you help?  Send us your feedback via the online survey
https://www.surveymonkey.com/r/modulefeedback1

Your feedback will guide future materials development.
Development Team:

Kathy Chu  
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Audrey Habke
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How to use the Module

This module package was developed in response to your feedback. Teachers who piloted the six multi-level modules told us they really liked the module plans and the two-level assessment tasks but wished that the modules included some of the skill-using and skill-building activities that help learners to be successful on the assessment tasks. We’ve listened to your requests. This module includes activities for introducing the topic, setting goals, and gathering end-of-module learner reflections, along with a series of skill-building and skill-using activities.

Some Notes:

1. The activities are listed by skill area but are not sequenced. It is intended that you will select and sequence activities based on the needs of your learners and the amount of class time you have to do the module. Several skill-building activities have been included. In addition, the handout Additional Teacher Resources includes page references to commonly used published resources where you will find numerous skill-building activities to support this module.

2. The skill-building and skill-using activities are not differentiated by level. They can be used by learners at both CLB 3 and CLB 4 by making accommodations within the class, as required. For example, you might provide more scaffolding for learners at CLB 3 (e.g., giving examples, helping learners complete the first question). You might adjust the expectations on some activities and expect learners at CLB 4 will demonstrate greater mastery on the same activity compared with learners at CLB 3.

3. Assessment is embedded into all the activities and incorporates a range of assessment strategies including:
   - In-class contingent assessment – the very informal and spontaneous feedback you give learners while they are doing a task
   - Planned integrated assessment – informal but planned assessment such as the descriptive feedback learners get on skill-using activities focusing on what learners are doing well and what they need to do to improve.
   - Formal assessment of learning – assessment that gives learners feedback on task success related to CLB criteria.

For a fuller discussion of assessment strategies see ICLBA, Ch.2 Planning for Assessment.
4. The skill-using activities in this module provide opportunities for learners to practise skills and get informal feedback. You can use these activities after you’ve introduced a new skill or to review skills previously taught. Any of the skill-using activities that learners complete independently (i.e., not with a partner or group) may be included in the portfolios as evidence of learner growth and progress. Any scaffolding or support provided (e.g., question #1 completed as a class) should be indicated on the activity.

5. PDF format: Teachers who piloted the original module plans requested that activities and tasks be available in Word format. At this time, the files are not stable in Word, so we are able to provide PDF format only. We are working to find a solution for future modules that will allow you to easily adjust and customize the activities.

Finally, we need your feedback to guide future development. Please consider:

- Piloting all or some of the activities in your classroom
- Reviewing the module

Provide your feedback via the online survey at:

https://www.surveymonkey.com/r/feedbackmodule
### Module Plan

**Theme:** Health  
**Topic:** Going to a Walk-in Clinic

<table>
<thead>
<tr>
<th></th>
<th>Listening</th>
<th>Speaking</th>
<th>Reading</th>
<th>Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLB Level:</strong></td>
<td>3/4</td>
<td>3/4</td>
<td>3/4</td>
<td>3/4</td>
</tr>
<tr>
<td><strong>Real-World Task Goals</strong></td>
<td>Listen (and respond) to questions from intake personnel at a walk-in clinic.</td>
<td>Participate in a short conversation with intake personnel at a walk-in clinic. Explain reason for visit and details about symptoms.</td>
<td>Find information on the web page of a walk-in clinic (e.g., hours of operation, location, services).</td>
<td>Complete a health history form with basic personal information.</td>
</tr>
<tr>
<td><strong>Context/Background Information</strong></td>
<td>General information about walk-in clinics (purpose, accessing services, protocols, etc.). Common health concerns and symptoms. Preparation to visit the doctor (e.g., family history, list of medications, etc.). Importance of accuracy on forms – privacy issues. Medical office fees. Carrying and using your health card and other insurance cards if relevant.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Competency Areas and Statements** | **Getting Things Done**  
CLB 3  
Understand expressions used in everyday situations  
CLB 4  
Understand short communication intended to influence or persuade others in familiar, everyday situations  
**Sharing Information**  
CLB 3 & 4  
Give descriptions of personal experiences...  
CLB 3 = Brief; CLB 4 Simple | **Getting Things Done**  
CLB 3  
Make and respond to an expanding range of simple requests related to everyday activities.  
CLB 4  
Make and respond to a range of requests and offers. | **Getting Things Done**  
CLB 3 & 4  
Get information from short business or service texts (such as brochures, notices, form letters and flyers) | **Getting Things Done**  
CLB 3 &4  
Complete (CLB 3 –short) simple forms that require basic personal or familiar information and some responses to simple questions. |
<table>
<thead>
<tr>
<th>Language Focus:</th>
<th>Listening</th>
<th>Speaking</th>
<th>Reading</th>
<th>Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar structures and vocabulary to describe illnesses</td>
<td>Good morning Mr. ___</td>
<td>Convey politeness and respect</td>
<td>Begin to recognize common written formats</td>
<td>Writing conventions for address, phone numbers, etc.</td>
</tr>
<tr>
<td>Basic syntax – statements, negative statements, questions and commands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal identification vocabulary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic medical terminology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocabulary to describe feelings, needs and wants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Expressions to indicate level of formality:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Convey politeness and respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Using knowledge of websites to find information (headings, bold, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Scanning for information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Expressions to indicate level of formality:</td>
<td></td>
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</tr>
<tr>
<td>▪ Convey politeness and respect</td>
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<td>▪ Using knowledge of websites to find information (headings, bold, etc.)</td>
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</tr>
<tr>
<td>▪ Scanning for information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language and Learning Strategies</td>
<td>Listening for Wh- words.</td>
<td>Clarification strategies (e.g., repeating information, using slower speech)</td>
<td>Using knowledge of websites to find information (headings, bold, etc.)</td>
<td>Bringing records to help with filling out form</td>
</tr>
<tr>
<td>▪ Requests for repetition and clarification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Clarification strategies (e.g., repeating information, using slower speech)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>▪ Using knowledge of websites to find information (headings, bold, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Scanning for information</td>
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<td></td>
<td></td>
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<tr>
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</tr>
<tr>
<td>▪ Convey politeness and respect</td>
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</tr>
<tr>
<td>▪ Using knowledge of websites to find information (headings, bold, etc.)</td>
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<tr>
<td>▪ Scanning for information</td>
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</tr>
<tr>
<td>▪ Expressions to indicate level of formality:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Convey politeness and respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Using knowledge of websites to find information (headings, bold, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Scanning for information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment Task</td>
<td>Role-play requesting assistance and listening/responding to questions from intake personnel. Explain reason for visit and details about symptoms</td>
<td>Find information on the homepage of a walk-in clinic (e.g., services, hours, location) and make a decision about visiting.</td>
<td>Complete a simple health history form with 12-15 items (CLB 3) and 15-20 items (CLB 4).</td>
<td></td>
</tr>
</tbody>
</table>
Additional Teacher Resources

The Language Companion Stage 1:

- **My Canada:** p. 30, *Health Care in Canada*
  p. 31, *Services for Emergencies* (this page refers to walk-in clinics)
- **Where I Live:** p. 13, *Health Care* (learners input own information)
- **Helpful English:** p. 15, *Making Medical Appointments*
  p. 16, *Visiting the Doctor* (only top of page applicable)
  p. 43, *Body Parts and Organs*

Canadian Language Basics, Volume B: Lesson Plans for LINC/ELSA Level 2 with Reproducible Worksheets, Oxford University Press: Heather Davis and Lucy Stanford

  Unit 1: *The Body, Symptoms, and Illnesses* pp. 4, 5, 11, 12, 14
  Unit 2: *Taking Care of your Health*, pp. 33, 34, 35

ESL Library [www.esllibrary.com](http://www.esllibrary.com)

Useful sections:

- **Health**
  - Simple Sentences: Beginner

- **Health**
  - Living in English-Intermediate

- Going to the Doctor
  - Everyday Dialogues-Low Intermediate

- How to Fill Out a Form
  - Writing in English: Beginner to Intermediate

Grab Bag of Health: A Collection of Health-Related Activities for ESL Classrooms, Canadian ed., Canadian Resources for ESL 2003: Elizabeth Ganong and Dan Ingram, pp. 19, 48, 49
Health Materials for CLB 2-4, Manitoba Institute of Trades and Technology: Valerie Fulford and Vivian Schultz. Found on Tutela.ca

Oxford Picture Dictionary 3rd (Canadian ed.), Oxford University Press: Jayme Adelson-Goldstein and Norma Shapiro

- pp. 104-107, *The Body*
- pp. 110-111, *Symptoms and Injuries*
- pp. 112-113, *Illnesses and Medical Conditions*


- p. 98, *Parts of the Body*
- p. 103, *What’s the Matter?*

Side by Side, Book 3, 3rd ed., Pearson Education ESL: Steven J. Molinsky and Bill Bliss

- pp. 142, 144, 145: Specific grammar practice with "What's the matter? I have a _____"
- pp. 54, 55: A reading/dialogue and questions

Side by Side, Book 1, 3rd ed., Pearson Education ESL: Steven J. Molinsky and Bill Bliss

- pp. 2-5: Personal information practice (for example, "What's your name?")


- Unit 4: *Health*, pp. 44-57

Introducing the Module to the Class

There are many ways to introduce the module to learners. Following are two options. You could do one or both.

Both activities begin with general questions to build familiarity and draw on learner experience. The following questions are possible prompts:

- Do you have a family doctor?
- Does your doctor speak your language?
- Have you ever had to go to Emergency in Canada? A walk-in clinic? What was the experience like?
- What is the health service like in your country?
- What do you think of the health service in Canada?
- What questions do you have about going to a doctor in Canada?

Option 1: Using the Language Companion

After the discussion, follow up with a look at the Language Companion: Stage 1 to review content.

My Canada: p. 30, Health Care in Canada
p. 31, Services for Emergencies (referring to walk-in clinics)

After a general discussion about health care in Canada and when learners might use family doctors, walk-in clinics and hospital emergency services, have learners complete a scavenger hunt to identify relevant information in the Language Companion. See Language Companion Search Activity: Medical, reproduced below.

Option 2: Using the Video Walk-in Clinic Developed by ELSANET

Video link: (http://www.amssa.org/resources/quicklinks-resources/healthy-living-resources/esl-resources/video-resources/)

Watch the video once and discuss general walk-in clinic protocols:

- Speaking first to a receptionist to provide personal information, state problem and show health care card.
- Then waiting to see a doctor who may prescribe a treatment or refer for tests
Post questions on the board and watch the video a second time. Have learners work in small groups to answer questions:

- Why were Victor and his daughter at the walk-in clinic?
- What are five questions the receptionist asked?
- What questions did the doctor ask Victor?
- What did the doctor tell Victor to do?

Debrief and address further questions that arise during the discussion.

---

**Activity 1 Answer key**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What pages in “My Canada” have health information?</td>
<td>pp. 30 and 31</td>
</tr>
<tr>
<td>2. Canada has public health insurance. What does that mean?</td>
<td>That means that Canadians can go to the doctor, clinic or hospital for free.</td>
</tr>
<tr>
<td>3. Who pays for these health services?</td>
<td>The government uses taxes.</td>
</tr>
<tr>
<td>4. What health services aren’t paid for?</td>
<td>Dental care, eye glasses and prescription medications</td>
</tr>
<tr>
<td>5. Do you need to show your health card each time you visit a doctor, walk-in clinic or hospital?</td>
<td>Yes</td>
</tr>
<tr>
<td>6. How much does it cost to call 911?</td>
<td>It’s free.</td>
</tr>
<tr>
<td>7. Is there a cost to stay in the hospital or go to emergency?</td>
<td>All emergency medical services are free, but you might have to pay for an ambulance.</td>
</tr>
<tr>
<td>8. When travelling in Canada, is your health card still valid out of province?</td>
<td>A hospital visit is still free, but a walk-in clinic will probably charge a fee.</td>
</tr>
<tr>
<td>10. Is this page useful for you? Why?</td>
<td>I can write my health care service information here.</td>
</tr>
<tr>
<td>11. Look at the table of contents for “Helpful English”. Are there any useful pages regarding health or going to the doctor?</td>
<td>pp. 15, 16, and 43</td>
</tr>
<tr>
<td>12. Please list the helpful information.</td>
<td>Making medical appointments, Visiting the doctor, Filling prescriptions, Body Parts and Organs - to describe how you feel</td>
</tr>
</tbody>
</table>
## Language Companion Search Activity: Medical

**Instructions:** Work with a partner. Look in your Language Companion. Use the *Table of Contents* in each section to help you find the answers.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What pages in “My Canada” have health information?</td>
<td></td>
</tr>
<tr>
<td>2. Canada has public health insurance. What does that mean?</td>
<td></td>
</tr>
<tr>
<td>3. Who pays for these health services?</td>
<td></td>
</tr>
<tr>
<td>4. What health services aren’t paid for?</td>
<td></td>
</tr>
<tr>
<td>5. Do you need to show your health card each time you visit a doctor, walk-in clinic or hospital?</td>
<td></td>
</tr>
<tr>
<td>6. How much does it cost to call 911?</td>
<td></td>
</tr>
<tr>
<td>7. Is there a cost to stay in the hospital or go to emergency?</td>
<td></td>
</tr>
<tr>
<td>8. When travelling in Canada, is your health card still valid out of province?</td>
<td></td>
</tr>
<tr>
<td>9. Look at the “Where I Live” table of contents. Are there any pages applicable to health?</td>
<td></td>
</tr>
<tr>
<td>10. Is this page useful for you? Why?</td>
<td></td>
</tr>
<tr>
<td>11. Look at the table of contents for “Helpful English”. Are there any useful pages regarding health or going to the doctor?</td>
<td></td>
</tr>
<tr>
<td>12. Please list the helpful information.</td>
<td></td>
</tr>
</tbody>
</table>
Goal Setting: At the Walk-in Clinic

**Teaching Notes:** Complete goal setting after introducing the module to the learners.

**Group discussion:** Ask learners why they want to learn about going to a walk-in clinic. What do they want to be able to do at the end of the module? What things are easy or difficult for them when they go to a walk-in clinic? What do they need help with? Using these questions as prompts, brainstorm and list the items the learners suggest on the board. Alternatively, you could write them on chart paper or poster paper and post them around the room. For example:

I want to:

- Fill out a form
- Find a walk-in clinic in my community
- Ask to see a doctor
- Tell the doctor my problem
- Understand the doctor

After the list is complete, have learners indicate the three most important items for themselves. You might have learners check the item with a whiteboard marker or use a coloured sticky dot. After learners have indicated their preferences, have them copy their choices onto their *Goal Sheet*.

Finally, tally the top choices. Learners can then copy the class goals onto their goals sheet.

**At the end of the module:** Once the module is completed, learners can go back and review their goals. Before completing the goal reflection, have them reflect on what they learned or still would like to learn more about. Note: You may want to consider a mid-module review of goals. Learners could review their goals and discuss in a small group or with a partner.
At a Walk-in Clinic: My Goals

Name: ___________________________  Date: _________________

I want to:
_________________________________________________
_________________________________________________
_________________________________________________

My class wants to:
_________________________________________________
_________________________________________________
_________________________________________________

At a Walk-in Clinic: Reflecting on My Goals

Date: _________________

Now I can:
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
Vocabulary: Body Parts and Illness Symptoms

A Teacher Resource

Personal Health Care Words
These are general lists, not meant to be definitive. You may want to use all or part, based on the personal health care words important to learners.

<table>
<thead>
<tr>
<th>Body Parts</th>
<th>Symptoms/Problems</th>
<th>Sentence Stems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>Headache</td>
<td>I have (noun).</td>
</tr>
<tr>
<td></td>
<td>Migraine</td>
<td>Each of these could be made more</td>
</tr>
<tr>
<td></td>
<td>Dizzy</td>
<td>difficult by adding an adjective.</td>
</tr>
<tr>
<td></td>
<td>Fever</td>
<td>I have a terrible headache.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I feel dizzy.</td>
</tr>
<tr>
<td>Nose</td>
<td>Runny</td>
<td>My (body part) is/are (adjective).</td>
</tr>
<tr>
<td></td>
<td>Stuffed up</td>
<td>I have a nose-bleed...</td>
</tr>
<tr>
<td></td>
<td>Nose-bleed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bleeding</td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td>Swollen</td>
<td>My (body part) is/are (adjective).</td>
</tr>
<tr>
<td></td>
<td>Red</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Itchy</td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td>Earache</td>
<td>I have (noun).</td>
</tr>
<tr>
<td></td>
<td>Blocked</td>
<td>My (body part) is/are (adjective).</td>
</tr>
<tr>
<td></td>
<td>Hurts</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>Stiff</td>
<td>My (body part) is/are (adjective).</td>
</tr>
<tr>
<td>Throat</td>
<td>Sore</td>
<td>My (body part) is/are (adjective).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have a sore throat.</td>
</tr>
<tr>
<td>Chest</td>
<td>Congested</td>
<td>My (body part) is/are (adjective).</td>
</tr>
<tr>
<td></td>
<td>Cough</td>
<td>I have a (noun)</td>
</tr>
<tr>
<td>Stomach</td>
<td>Stomachache</td>
<td>My (body part) is/are (adjective).</td>
</tr>
<tr>
<td></td>
<td>Cramps</td>
<td>I have a (noun).</td>
</tr>
<tr>
<td></td>
<td>Diarrhea</td>
<td>I am (adjective).</td>
</tr>
<tr>
<td></td>
<td>Nauseous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bloaten</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constipated</td>
<td></td>
</tr>
</tbody>
</table>
### Master List of Symptoms

<table>
<thead>
<tr>
<th>Itchy</th>
<th>Blocked</th>
<th>Nose-bleed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Stomachache</td>
<td>Congested</td>
</tr>
<tr>
<td>Ache</td>
<td>Cramps</td>
<td>Cough</td>
</tr>
<tr>
<td>Sore</td>
<td>Bloated</td>
<td>Headache</td>
</tr>
<tr>
<td>Hurts</td>
<td>Diarrhea</td>
<td>Migraine</td>
</tr>
<tr>
<td>Sharp pain</td>
<td>Nauseous</td>
<td>Dizzy</td>
</tr>
<tr>
<td>Swollen</td>
<td>Rash</td>
<td>A break</td>
</tr>
<tr>
<td>Bruised</td>
<td>Stuffed up</td>
<td>A burn</td>
</tr>
<tr>
<td>Stiff</td>
<td>Broken</td>
<td>Pregnant</td>
</tr>
<tr>
<td>Tired</td>
<td>Bleeding</td>
<td></td>
</tr>
<tr>
<td>Earache</td>
<td>A cut</td>
<td></td>
</tr>
<tr>
<td>Diseases or Common Illnesses</td>
<td>Grammar points</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
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<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Sentence Stems:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have ____________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exception:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I suffer from depression</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Medication:</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td>I take ___________ (for my xx). I take _______ to control (it) / (my xx).</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Flu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A cold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Terms

<table>
<thead>
<tr>
<th>Specialist</th>
<th>Family doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-call doctor</td>
<td></td>
</tr>
</tbody>
</table>
Possible Skill-Building Activities
The following activities require little preparation time and result in high learner engagement.

Word Sort: Ask learners to add words to categories (between 2 – 4). When finished, they can compare their list with another learner/group. If they disagree, ask them to determine who is right before checking with you.

Possible categories for sorting:
1. Diseases, body parts, symptoms
2. Symptoms/diseases by sentence stems: I have ______; My (body part) is ______; I am ______

Matching: Assign each learner a body part. Ask learners to identify which symptoms are possible with each body part (working with a partner or individually). Ask them to share with another learner. Follow up by having them generate sentences using the proper sentence stem and verb.

Vocabulary Reflection:
Use as a weekly activity to support learners in developing personal vocabulary and taking responsibility for their learning.
Vocabulary Reflection

Name: _____________________________ Date: ___________________

List the new words/phrases that you learned this week.

1. ____________________________ 2. ____________________________
3. ____________________________ 4. ____________________________
5. ____________________________ 6. ____________________________
7. ____________________________ 8. ____________________________
9. ____________________________ 10. ____________________________

Make sentences with the new words:

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________
Learning Reflection: End of Module

It is important to take time to think about what you have been learning. Look at My Notes and My Portfolio sections and reflect on what you have learned.

Part One: Self-Assessment
Use a check to show what you think.

<table>
<thead>
<tr>
<th></th>
<th>Got it!</th>
<th>I’m pretty sure!</th>
<th>I still have questions.</th>
<th>Help Me!</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can fill out a medical form</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can scan a walk-in clinic ad or web page for important information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can express my medical problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more comfortable talking to a doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand questions about my health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can express sympathy to a friend who is sick</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know how to replace my health card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part Two: Learning Reflection
What is the most useful thing you learned in this module?

______________________________________________________________________________
______________________________________________________________________________

Write about one activity that you did well.

______________________________________________________________________________
______________________________________________________________________________

Write about one thing you need to do better for future class work.

______________________________________________________________________________
______________________________________________________________________________
Listening and Speaking: Skill-Building and Skill-Using Activities

Practising a Dialogue ........................................................................................................................................ 19
Responding to Questions .................................................................................................................................. 23
I’m Sorry to Hear That ........................................................................................................................................ 26
Listening to Medical Dialogues: Questions ....................................................................................................... 29
Listening to Medical Dialogues: Transcripts ..................................................................................................... 33
I Need to See the Doctor: Role Play ................................................................................................................ 35
Practising a Dialogue

Skill: Listening/ Speaking

Teaching Notes: Three different activities to support learners are included below. Choose one or all depending on learner needs.

You may choose to do a mini-lesson or target practice. Some areas may include:

a. *Wh*- questions
b. Vocabulary
c. Making a request
d. Giving personal information such as birth date
e. Length of time
f. Pronunciation

Set Up for Activity 1:

1. Cut out one set of receptionist and patient questions for each pair of learners.
2. Cut the sentences into strips. It is helpful to copy the receptionist strips in one colour and the patient strips in different colour.
3. Ask learners to match the questions and responses (in pairs).
4. Have learners practise reading the questions and answers (in pairs).

Set Up for Activity 2:

Additional practice: Using the receptionist questions and the role play cards, pairs practise listening and responding to the questions.

Set up for Activity 3:

Using only the receptionist questions, pairs practise listening and responding with their own personal information.

Assessment: Observe and target language to practise and review.
<table>
<thead>
<tr>
<th>Receptionist Questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hi. Can I help you?</td>
</tr>
<tr>
<td>Have you been here before?</td>
</tr>
<tr>
<td>What’s your name?</td>
</tr>
<tr>
<td>What’s the matter?</td>
</tr>
<tr>
<td>How long have you had it?</td>
</tr>
<tr>
<td>Are you taking any medication?</td>
</tr>
<tr>
<td>And do you have any allergies?</td>
</tr>
<tr>
<td>Can I see your Health Card, please?</td>
</tr>
<tr>
<td>What’s your date of birth?</td>
</tr>
<tr>
<td>Have a seat and we will call your name.</td>
</tr>
</tbody>
</table>
Patient Responses:

Yes, I’d like to see the doctor, please.

No, I haven’t. This is my first time here.


I have a bad cough.

For a few days.

No, I’m not.

No, I don’t.

Yes, here you are.

It’s March 11, 1976.

Thank you.
Role-play cards for Activity 2.

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 2 days</th>
<th>Allergies: peanuts</th>
<th>Medication: diabetes medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>headache</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: happened today</th>
<th>Allergies: none</th>
<th>Medication: none</th>
</tr>
</thead>
<tbody>
<tr>
<td>sprained ankle</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 1 day</th>
<th>Allergies: penicillin</th>
<th>Medication: none</th>
</tr>
</thead>
<tbody>
<tr>
<td>stomachache</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 4 days</th>
<th>Allergies: none</th>
<th>Medication: high blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>backache</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 3 days</th>
<th>Allergies: fish</th>
<th>Medication: allergy medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>rash</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 4 days</th>
<th>Allergies: none</th>
<th>Medication: none</th>
</tr>
</thead>
<tbody>
<tr>
<td>flu</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 1 week</th>
<th>Allergies: milk</th>
<th>Medication: Tylenol</th>
</tr>
</thead>
<tbody>
<tr>
<td>cold</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 1 week</th>
<th>Allergies: none</th>
<th>Medication: cough syrup</th>
</tr>
</thead>
<tbody>
<tr>
<td>bad cough</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 2 days</th>
<th>Allergies: eggs</th>
<th>Medication: high cholesterol medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>earache</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 1 day</th>
<th>Allergies: none</th>
<th>Medication: heart medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>fever</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 5 days</th>
<th>Allergies: none</th>
<th>Medication: iron pills</th>
</tr>
</thead>
<tbody>
<tr>
<td>sore throat</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long: 2 weeks</th>
<th>Allergies: none</th>
<th>Medication: vitamins</th>
</tr>
</thead>
<tbody>
<tr>
<td>sore knee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>earache</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>fever</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>cold</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>bad cough</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>earache</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>fever</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>cold</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>bad cough</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>earache</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>fever</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>cold</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>How long:</th>
<th>Allergies:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>bad cough</td>
<td></td>
<td></td>
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</tbody>
</table>
Responding to Questions

Skill: Listening and Speaking

Teaching Notes:

Prior teaching may include:

- WH questions
- Vocabulary for the walk-in clinic (personal medical information)
- Giving information related to personal medical situation

Choose a strategy focus that best fits the needs of learners. Some you might consider:

1. Encourage learners to ask clarification questions if they don’t understand the questions. For example:
   - Pardon me?
   - Can you say that again?
   - Can you repeat what you said?

2. Remind learners to answer with a complete sentence, to make their answers easier to understand. Encourage Subject + Verb sentence order
   
   Remind them that questions requiring yes or no should be answered with a helping verb, e.g. Yes, I do; No, I don’t

3. Remind learners to focus on the wh word in the question because it hints at the correct answer.

Set Up for Activities:

Activity 1 Pair Practice:

1. Cut out one set of question cards and give to each pair of learners.
2. In pairs, learners take turns reading the receptionist questions as their partners listen and respond to the questions, using their own information or information from teacher-prepared role cards.

Activity 2 Class mingle:

1. Choose the cards you want to practise. Give each learner one card.
2. Learners walk around the class and ‘mingle’ with classmates.
3. Learners find a classmate and ask the question on their given card. Their partner listens and responds. In the same pair, learners switch roles. The second partner asks the question on their card and their partner listens and responds. Then the pair switches cards and they each find a new
partner. Continue until everyone has talked to 7 people, switching cards each time, so that they will have new questions to ask and respond to each time.

Activity 3 Chain Q and A:

Give each learner one card. Learner A asks learner B, and B responds to A. B asks C, and C responds to B. C asks D, and D responds to C. Continue until everyone has asked and answered a question.

Assessment: Choose the approach that best suits the needs of learners, for example:

a. Teacher listens and identifies issues that need additional targeted practice.
b. Learners identify which questions they need more practice with.
### Questions at a Walk-in Clinic

<table>
<thead>
<tr>
<th>What’s your first name?</th>
<th>What’s your last name?</th>
<th>What’s your date of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s your address?</td>
<td>What’s your first language?</td>
<td>Can I see your health card please?</td>
</tr>
<tr>
<td>Are you taking any medication?</td>
<td>Do you have any allergies?</td>
<td>Who is your emergency contact?</td>
</tr>
<tr>
<td>Do you have a middle name?</td>
<td>Do you have a family doctor?</td>
<td>Who is your family doctor?</td>
</tr>
<tr>
<td>What’s the matter?</td>
<td>Do you have any other symptoms?</td>
<td>How long have you had this problem?</td>
</tr>
<tr>
<td>Can you describe what’s wrong?</td>
<td>Can you tell me about the problem?</td>
<td>What medicine are you taking?</td>
</tr>
</tbody>
</table>

### Role Cards:

<table>
<thead>
<tr>
<th>Headache</th>
<th>stomach ache</th>
<th>fever</th>
<th>cold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>sprained ankle</td>
<td>cough</td>
<td>sore throat</td>
</tr>
<tr>
<td>Rash</td>
<td>backache</td>
<td>earache</td>
<td>a swollen knee</td>
</tr>
</tbody>
</table>
Skills: Speaking

Competency Area: Interacting with Others

Indicators of Ability: Opens/closes conversations; Asks and responds to simple questions; Uses nonverbal strategies.

Teaching Notes: This activity is not directly related to the assessment task. However, it provides an opportunity to practise new vocabulary in a relevant context. This is a good way to use and practise the vocabulary and grammar you’ve been developing in preparation for going to walk-in clinic.

Prior teaching would/could include:

- Vocabulary – body parts, problems and symptoms
- Sentence stems (see above)
- Grammar – be, have/has
- Pronunciation/ sentence stress
- Phrases that show sympathy (e.g., “I’m sorry to hear that” “That’s too bad”)

Activity 1: Teaching Social Interaction/Showing Sympathy

Set Up: Introduce sample conversation.

1. Write the conversation on the board and read together. Identify and practise new language expressions.
2. Model the conversation.
   Example:

   **A:** Hi Mohammed. How are you?
   **B:** I’m not so good. (Or: I’m under the weather; I don’t feel well…)
   **A:** What’s wrong? (Or: What’s the matter? What’s the problem…)
   **B:** I have a bad headache.
   **A:** Oh. I’m sorry to hear that. (Or: That’s too bad. I hope you feel better soon…)
   **B:** Thanks.
3. Discuss alternative expressions for the underlined phrases in the example dialogue.

Practice options:

a) Pairs can use role play illness cards from the Responding to Questions activity to continue to practise different expressions.

b) Class could complete a Conversation Chain: A asks B, “Hi, how are you?” B responds, and they complete the conversation. B asks C, “Hi, how are you?” C responds, and they complete the conversation. C asks D… etc.

Assessment: Circulate and address points as they arise or discuss common issues with the class.

Possible Extension Activity: You could make the activity more complex by adding advice (using modals such as should, could, etc.).

- You should go to the doctor.
- Why don’t you get some rest?

Activity 2: Role Play Offering Sympathy

Set Up: Consider the following steps.

1. Decide if learners should use the health problems role play cards found in Practising a Dialogue.
2. Set up recording equipment (cell phones or electronic device) if possible. If not possible, then it is best to have groups of four to provide feedback.

Instructions to Learners:

Speaker 1: Your classmate doesn’t look well. Ask your classmate what’s wrong and show sympathy.

Speaker 2: You don’t feel well today. Tell your classmate about your problem and thank them for their sympathy.

Assessment:

1. Identify 2-3 items you are looking for and write them on the board. Circulate and make observations.
2. Have learners self/peer assess with the Feedback Checklist. Consider having learners record their individual role plays so they can listen and give feedback.
Feedback Checklist

Activity: I’m Sorry to Hear That
Competency Area: Interacting with Others

Name: ______________________________  Date: _________________

☐ used key words and expressions to ask a classmate, “What’s wrong?”
☐ described the problem with
  • key vocabulary
  • simple grammar structures.
☐ showed sympathy with words and expressions.
☐ spoke clearly.
☐ used non-verbal communication such as making eye contact and nodding.

Module with Teaching Materials: Pilot May 2018 28
Listening to Medical Dialogues: Questions

Skill: Listening

Competency Area: Getting Things Done; Comprehending Information

Indicators of Ability: Gets the gist; Identifies key information; Understands Wh-questions; Understands implied meanings

Teaching Notes: These conversations use a collection of vocabulary, grammar structures, conversation strategies and expressions that have been taught and practised in this module. The skill-using task gives the learners an opportunity to listen to conversations they might hear at a walk-in clinic to identify problems, symptoms and other details. See MP3 file with this module for the recording.

Set Up: Based on the needs of the learners, determine how you will set up these activities. To consider:

- How many times learners will listen to a dialogue before answering the questions.
- How many and the sequence of the dialogues
- How learners will complete the activity (pen/pencil – individual/partner)

Strategies to review with learners:

- Remind learners to listen for key words (such as Wh- words) and main ideas (rather than trying to understand every word)
- Read the questions before listening.

Assessment: Review the answers. Consider discussing the strategies learners used.

Answer Key:
Dialogue A: 1 = b; 2 = c; 3 = a; 4 = c
Dialogue B: 1 = all except headache, cough and rash;
         2 = b; 3a = 2 days; 3b = 39
Dialogue C: 1 = yes; 2 = no (15 min every hour); 3 = yes; 4 = no (more than one day)
Dialogue D: 1 = a; 2 = c; 3 = b
Dialogue E: 1 = c; 2 = c; 3 = c; 4 = b
DIALOGUE A: Talking to the Receptionist

Name: ___________________________    Date: _____________________

Instructions: Listen to the dialogue. Circle the correct answer.

1. What is Mr. Singh’s problem?
   a. He has a backache and feels nauseous
   b. He has a headache and feels nauseous
   c. He has a headache and fever

2. What ID does the receptionist ask for?
   a. Health care card
   b. Photo ID
   c. Health care card and photo ID

3. What is Mr. Singh’s phone number?
   a. 403-854-9578
   b. 403-854-1578
   c. 423-854-9578

4. What does Mr. Singh need to do before he sees the doctor?
   a. talk to the nurse
   b. take his blood pressure
   c. fill out a form
DIALOGUE B: Mr. Chan Talking to the Nurse

Name: ____________________________ Date: __________________

Instructions: Listen to the dialogue. Circle the correct answers

1. Mr. Chan's symptoms:
   - sore throat
   - headache
   - trouble swallowing
   - fever
   - rash
   - ears hurt
   - tired
   - body aches
   - cough

2. A slight fever means:
   a. High
   b. A little bit higher than normal
   c. Serious

3. Write a short answer.
   a. How long has Mr. Chan been sick? ______________________
   b. What is Mr. Chan's temperature? ______________________

DIALOGUE C: Anna Talking to the Doctor

Name: ____________________________ Date: __________________

Instructions: Listen to the dialogue. Circle yes or no. Correct the ones that are NO.

1. Anna has a sprained knee. Yes No

2. Anna needs to put ice on her knee for 20 minutes. Yes No

3. Anna needs to take 2 aspirin every 4 hours. Yes No

4. Anna’s knee will be better in one day. Yes No
DIALOGUE D: Mohamad Talking to the Doctor

Name: ____________________________  Date: __________________

Instructions: Listen to the dialogue. Circle the correct answer.

1. What’s the matter with Mohamad?
   a. He hurt his wrist.
   b. He hurt his head.
   c. He sprained his ankle.

2. The instructions from the doctor are
   a. Take requisition, get x-ray, return another day
   b. Get x-ray, get requisition, return right away
   c. Take requisition, get x-ray, return same day

3. When will the doctor see Mohamad again?
   a. After 3 days
   b. After the X-ray
   c. After 1 week.

DIALOGUE E: Simon Talking to the Doctor

Name: ____________________________  Date: __________________

Instructions: Listen to the dialogue. Circle the answer.

1. How did he get the rash?
   a. By scratching it
   b. From a walk
   c. From poison ivy

2. What is the main symptom of Simon’s rash?
   a. His arm hurts
   b. His arm is bruised.
   c. His arm is itchy

3. What does the doctor tell Simon to do?
   a. Use calamine lotion
   b. Use a wet cloth
   c. Use calamine lotion and a wet cloth

4. What will happen if Simon scratches his arm?
   a. The rash will go away.
   b. The rash will spread.
   c. The rash will turn red.
Listening to Medical Dialogues: Transcripts

See MP3 file with this module for the recording.

**DIALOGUE A: Mr. Singh at the Receptionist’s Desk**

**Receptionist:** Hello. How can I help you?
**Patient:** I need to see a doctor. I have a headache and I feel nauseous.
**Receptionist:** Have you been to this clinic before?
**Patient:** No
**Receptionist:** Ok. May I see your health care card and photo ID please?
**Patient:** Oh…just a minute. Here.
**Receptionist:** Thank you. Mr. Singh, are you still at this address?
**Patient:** Yes. 50 Fulton Way
**Receptionist:** What is your phone number?
**Patient:** 403 854 9578
**Receptionist:** Right – 403 854 9578. Next, you’ll need to fill out this medical history form.

**DIALOGUE B: Mr. Chan talking to the nurse**

**Nurse:** Hello Mr. Chan. What seems to be the problem?
**Patient:** I have a sore throat. I am having trouble swallowing and now my ears hurt.
**Nurse:** How long have you had these symptoms?
**Patient:** About 2 days.
**Nurse:** Ok. Let’s take your temperature. Hmmmm. You have a slight fever. Your temperature is 39 degrees. Any other symptoms?
**Patient:** I am tired and my body aches.
**Nurse:** Ok. Stay here. The Doctor will be in shortly.
**Patient:** Thank you.

**DIALOGUE C: Anna talking to the Doctor**

**Doctor:** Hello Anna. I understand you have a swollen knee. What happened?
**Patient:** I was walking my son to school and I slipped on the ice.
**Doctor:** Oh dear. It has been a bad winter. Let’s look at your knee. Please straighten your knee.

Stand up. Does this hurt?

**Patient:** Yes, but it is not too bad.
**Doctor:** You can sit down now. Your knee is not broken but it looks like a minor sprain.
**Patient:** Is that bad?
**Doctor:** No, it is a little swollen. You need to put ice on it. So every hour, put ice on your knee for 15 minutes – and then 45 minutes with no ice. Try not to walk on it. Take 2 aspirin...
every 4 hours to help reduce the swelling and for the pain. If it is not better in 3 or 4
days, come back.

Patient: Okay. Thank you.

DIALOGUE D: Mohamad talking to the Doctor

Doctor: Hello Mohamad. I'm Dr. Smith. I see you hurt your wrist. How did it happen?

Patient: I was playing soccer and my team mate ran into me and knocked me down. I landed
on my wrist funny.

Doctor: Ouch. Did you only hurt your wrist? You didn’t hit your head?

Patient: No only my wrist.

Doctor: Ok. I’m glad you didn’t hit your head. Now, let’s take a look at your wrist. I’m going to
move your wrist and fingers a bit. Does this hurt?

Patient: Yes – it really hurts.

Doctor: Okay. I am going to send you for an x-ray. We need to make sure it isn’t broken. Take
this x-ray requisition next door to get your x-ray. When you are finished, come back.
Then we’ll decide what to do next.

Patient: Okay. I get the x-ray now and then come back right away?

Doctor: Yes, I’ll see you after the x-ray.

DIALOGUE E: Simon talking to the Doctor

Doctor: Hello Simon. The nurse says you have a rash on your arms. Let’s take a look. When did
this start?

Patient: This weekend after I was walking in the woods.

Doctor: Ah yes. This rash looks like poison ivy. Have you scratched the rash?

Patient: It really itches but I have been careful not to scratch it.

Doctor: It is good you didn’t scratch it. The rash is only on your right arm. It will go away in
about 1 weeks if you don’t scratch it.

Patient: But it really itches!

Doctor: Of course. Use calamine lotion on your rash. I have written the name down for you. As
well, place a cool, wet cloth on the rash for 15 to 30 minutes several times a day. Come
back if the rash spreads to your body or it looks infected.

Patient: Okay. I will be happy to stop the itching.
I Need to See the Doctor: Role Play

Skill: Speaking

Competency Area: Interacting with Others; Sharing Information

Indicators of Ability: Answers simple questions; Expresses feelings; Provides personal information; Uses clarification strategies

Teaching Notes: In this skill-using task, learners practice answering questions they might encounter in a medical context such as a clinic or doctor’s office.

This skill-using activity assumes that the speaking skill-building activities in this module have been taught. The skills practised include:

- Making requests
- Identifying WH questions
- Describing problems and symptoms
- Asking for clarification
- Giving personal information

Set Up: Consider the following steps.

1. Prepare the role play cards, receptionist recording card, scenario cards and feedback checklist. For the scenario cards, each person in the group should have a different scenario that they do not share with anyone before they are the patient.
2. Set up recording equipment (cell phones or electronic devices) if possible. If not, then it is best to have groups of 4 to provide feedback. Make sure the receptionist has a paper to record the personal information.
3. With a partner, learners take turns role-playing the receptionist and the patient. The receptionist should write down the information given. This may lead to the spontaneous use of clarification strategies.

Assessment: In this activity, only the patient is being assessed.

If learners record the conversation, have learners listen to their conversation and complete the self-assessment checklist. If using groups of 4, ask one pair to listen and comment on the checklist which the other pair roleplays.

After the role play is complete, the “patient” can read the “receptionist’s” notes to see if they are accurate.
Role-Play: Talking to the Receptionist

Instructions: With a partner, take turns roleplaying the receptionist and the patient. If you are the receptionist, write down the information the patient gives you. Ask for clarification if you do not understand.

Receptionist Questions:

1. Good Morning. How can I help you today?
2. Have you been here before? (alternative: Is this your first time?)
3. What’s your first and last name? Can you spell that please?
4. What’s your address and phone number?
5. Can I see your health care card, please?
6. What is the reason for your visit?

Have a seat, we will call your name when the doctor can see you.
Recording Sheet:
1. _______________________
2. _______________________
3. _______________________
4. _______________________
5. _______________________
6. _______________________

Recording Sheet:
1. _______________________
2. _______________________
3. _______________________
4. _______________________
5. _______________________
6. _______________________

Recording Sheet:
1. _______________________
2. _______________________
3. _______________________
4. _______________________
5. _______________________
6. _______________________

Recording Sheet:
1. _______________________
2. _______________________
3. _______________________
4. _______________________
5. _______________________
6. _______________________
Scenario Cards

You were walking home from school. You fell and hurt your wrist. It hurts to move it and it is swollen. You took an Advil for the pain.

You have a rash on your arm. It is red, and it really itches. It started out the size of a dollar. After two days it is now spread from your wrist to your elbow.

You have a terrible headache. It started last night. You took aspirin, but it doesn’t help. You feel like you are going to throw up.

Your body aches. You have a fever of 39 but you feel cold. You think you might have the flu.
Self or Peer Feedback Checklist:

Name__________________ Date_______________

Peer’s Name ____________

☐ Request to see a doctor
☐ Name and describe your problem and symptoms
☐ Answer all the questions
☐ Use full sentences
☐ Speak clearly
Reading: Skill-Building and Skill-Using Activities

Choosing a Walk-in Clinic: Reading Text ........................................................................................................... 41
Choosing a Walk-in Clinic: Activity ..................................................................................................................... 42
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Carry Your Health Care Card: Reading Text ....................................................................................................... 47
Carry Your Health Care Card: Activity ............................................................................................................... 48
Replace your Health Care Card: Online Activity ............................................................................................... 50
1. **The Health Clinic**
   Walk-In Clinic & Family Practice
   Monday to Friday 8 – 5
   Female & Male Doctors
   Accepting New Family Practice Patients
   Located Inside Greengrocery Beside Pharmacy 623-234-

2. **First Choice Medical**
   Family Practice and Walk-in Clinic.
   Hours Vary
   Typical Walk-In hours:
   Monday- Friday 10:30am - 5:00pm
   Saturdays 10:00 - 4:00pm
   Please call **(989) 513-2222** to inquire about walk-in hours. We have doctors accepting new patients.
   Languages spoken: English, Spanish, Mandarin and Arabic.
   Please call us to book a meet & greet appointment.
   You will need to show one piece of government-issued Photo ID and your Health Care Card.

3. **Westview Walk in Clinic**
   We provide walk-in care for injuries or illnesses that are not life threatening, such as sprains, minor cuts, minor pain, ear infections, and flu symptoms.
   **Hours of operation:**
   Monday to Friday: 10:00 am – 8:00 pm
   Saturday: 10:00 am – 6:00 pm
   Sunday: 10:00 am – 5:00 pm
   1204-20th Ave. NW
   Mountview M3V 2W8
   Just behind the Centennial Auditorium
   Bus #9, 12, 35
   Free parking: weekdays after 4:00 pm and weekends
   Phone: **(444) 523-0974**
Choosing a Walk-in Clinic: Activity

**Skill:** Reading

**Competency Area:** Getting Things Done

**Indicators of Ability:** Finds specific information and key details; Compares facts to make choices

**Teaching Notes:** Discuss where you can find information about walk-in medical clinics (e.g., posters, banners, advertisement cards and brochures, internet, community bulletins and newsletters).

Review or teach strategies for scanning for just the information you need.

**Set up:** If this is the first time that learners have done this kind of activity, you might want to walk through the first text as a class and complete the chart together before learners complete their review of texts 2 and 3.

The final discussion question is intended to generate conversations about what services are important to learners and their families when looking for a walk-in clinic (e.g., female doctor, free parking, languages spoken, or proximity to public transportation).

**Assessment:** Based on the needs of learners, consider how you will give feedback (individually, small group, class). Consider strategies you might want to focus on (for example, how they found the answers).

**Tip:** If learners complete the form in pen and make corrections in pencil, you will be able to easily see what they understood.

<table>
<thead>
<tr>
<th>Answer Key</th>
<th>The Health Clinic</th>
<th>First Choice Clinic</th>
<th>Westview Walk-in Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>A clinic that is open on Saturday</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>A doctor who speaks Spanish</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>A female family doctor</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A clinic that offers free parking</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>A clinic that you do NOT have to phone to check the hours before you go.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>A clinic that is open weekdays at noon</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>A clinic that has an on-site pharmacy</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>A clinic that you can get to on Bus #12</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>A clinic that is open at 8:30 in the morning</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Which of these clinics has the most services that are important to you? There is no “correct” answer to this question.
Choosing a Walk-in Clinic

**Instructions:** Use the information about the three walk-in clinics to check which clinics you could use in the following situations:

In this activity you will:
- Find specific information and key details
- Compare facts to make choices

<table>
<thead>
<tr>
<th>You want:</th>
<th>The Health Clinic</th>
<th>First Choice Clinic</th>
<th>Westview Walk-in Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>A clinic that is open on Saturday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A doctor who speaks Spanish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A female family doctor</td>
<td></td>
<td></td>
<td></td>
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<td>A clinic that offers free parking</td>
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<td></td>
</tr>
<tr>
<td>A clinic that you do NOT have to phone to check the hours before you go.</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A clinic that is open at 8:30 in the morning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Discussion:**

Which of these clinics has the most services that are important to you?
Online Search for a Walk-in Clinic

Skill: Reading

Competency Area: Comprehending Instructions/Getting Things Done (Activity 1); Getting Things Done (Activity 2)

Indicators of Ability: Following instructions; Locating key information

Activity 1
Teaching Notes: Review or teach learners how to use Google to find information. The activity is designed to be completed for homework. Alternatively, learners could complete the activity at school in a computer lab. In this case, the search will display walk-in clinics near the school and the activity instructions will need to be modified accordingly.

Assessment: The activity includes a learner self-assessment. After completing the homework activity, learners could discuss the activity and any challenges they had in small groups. As you circulate you can note any common questions and debrief as a whole class.

Learners could transfer the name and address of the nearest walk-in clinic to their Language Companion. See p.13 Health care: Clinic(s).

Activity 2
Teaching Notes: If you have internet access/screen in the classroom, you could introduce the activity by showing learners the website for a local walk-in clinic and discussing the kinds of information that they can expect to find on the site.

Learners will need a copy of the website information from a local walk-in clinic to complete Activity #2. Learners could complete the activity individually or with a partner.

Set Up: Pre-teach the use of NA to indicate that the information is not available (no answer). Teach the strategy: scanning text to find specific information.

Assessment: Circulate as learners complete the task to identify any problem areas. After learners have completed the task, review as a large group and discuss how and where they found the information.
Activity #1. Using Google to Find a Nearby Walk-in Clinic
In this activity you will:

- Follow instructions in the correct order
- Find specific information from the text

Steps:

1. Using Google, type “walk-in clinic” and search.
2. Click and open the map.
3. Locate a walk-in clinic in your home neighbourhood.
4. Click on the clinic and open the information box.
5. Copy the details.

<table>
<thead>
<tr>
<th>Name of clinic:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Hours today:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Assessment:</th>
<th>Yes</th>
<th>Need Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can use google to find a clinic.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can use a map to find my neighbourhood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can use a map to find a walk-in clinic.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can find the clinic information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Activity #2: Using the Internet to Find Information About a Walk-in Clinic

Instructions: Scan the website information to find the following information. Copy the information in the chart below. If the information is NOT on the website, write NA on the chart.

<table>
<thead>
<tr>
<th>Name of clinic:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Phone number:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hours:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Does the clinic have a family practice?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Languages spoken:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Other important information:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Carry your Health Care Card

You should show your personal health care card along with photo identification when you visit a doctor’s office or hospital.

- Showing your personal health care card and photo identification proves your identity and ensures you receive publicly-funded health services. Up-to-date information is important to obtaining health services. Make sure your health care registration is current.

Where to show your card

Show your personal health care every time you request or get insured medical services from:

- hospitals
- doctors’ offices
- laboratories
- physiotherapists
- pharmacies

If you do not show your card or are not eligible, you may be asked to pay for health services before receiving them. Also carry photo ID.

Update your information

You must update your information if there is:

- A name and/or marital status change
- An address change
- Dependant status change, including adding a new dependant

Protecting your card from damage

You are permitted to laminate your card to protect it, but we recommend you put it in a plastic sleeve that fits into your wallet.

Adapted from Alberta Health website: [http://www.health.alberta.ca/AHCIP/carry-your-card.html](http://www.health.alberta.ca/AHCIP/carry-your-card.html)
Skill: Reading

Competency Areas: Comprehending Information

Indicators of Ability: Understands purpose of the text; Understands key information and details.

Teaching Notes: Review or teach reading strategies appropriate for this activity, e.g. reading the questions before reading the text, using the headings to help find information.

Set up: This information is adapted from an Alberta Health website. Check to make sure the information is accurate for your province. Before learners begin, write the criteria that are addressed in the task on the blackboard:

*Understand the purpose of the text*
*Understand key information and details*

Assessment: Based on the needs of learners, consider how you will give feedback (individually, small group, class). Consider strategies you might want to focus on (for example, how they found the answers).

Tip: If learners complete the form in pen and make corrections in pencil, you will be able to easily see what they understood.

### Answer key:

**T or F:**

1. T
2. T
3. T
4. F (correction: doctor’s office or hospital)

**Circle the answer:**

1. A
2. B
3. A
4. C
Carry Your Health Care Card: Questions

Instructions: Read the information from a government website and answer the following questions.

Remember to:

• Read the questions before you begin
• Use the headings to help you find information

Name: ___________________________ Date: ________________

Circle T for true or F for false Correct the statements that are false.

1. If you move to a new house, you need to update your Health Care Card information. T F

2. You always have to show your Health Care Card for insured health services. T F

3. You should show photo ID when you get medical services. T F

4. You must show your Health Care Card when you visit the dentist. T F

Circle the correct answer

1. Show your Health card at:
   a. pharmacies
   b. banks
   c. airports

2. If you don’t show your health card you might have to:
   a. Use a family member’s card
   b. Pay for health services before receiving them
   c. Show your passport

3. You need to update your information if you:
   a. If you get married and change your last name
   b. Go on vacation
   c. Get a new job

4. How can you protect your card from damage?
   a. Keep it at home in a safe place
   b. Put it in your husband’s/wife’s wallet
   c. Put a plastic sleeve around it or laminate the paper card
Skill: Reading

Competency Area: Getting Things Done

Indicators of Ability: Finds specific information and details;

Teaching Notes: Review or teach reading strategies appropriate for this activity, e.g. google searches and using headings to find information.

Because provinces will have different requirements, we have included an online activity for this important information. We suggest completing it in small groups. If you do not have access to computers/internet you would need to supply the text.

Set up: Before learners begin, write the criteria that are addressed in the task on the blackboard: Find specific information and details

Assessment: Circulate as learners complete the task and observe if/where learners are having difficulties. Debrief the activity as a large group so learners can check their answers.
Online Activity: Replace a Lost Health Care Card

**Instructions:** Read the information from a government website and with a partner answer the following questions.

**Name:** ___________________________  **Date:** ___________________________

**Steps:**

1. Using Google, type “lost health card” and the name of your province in the search box. Search.
2. Find the title that includes the words Health card and replace, replacement or lost. Click on the link to open.
3. Scroll down to the section about replacing a lost health card.
4. Copy the details.

**Complete the chart.** Give the details of how to replace your health care card. If a detail doesn’t apply, fill in NA.

<table>
<thead>
<tr>
<th>By...</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail</td>
<td></td>
</tr>
<tr>
<td>In person</td>
<td></td>
</tr>
<tr>
<td>Phone/Fax</td>
<td></td>
</tr>
<tr>
<td>Electronically</td>
<td></td>
</tr>
</tbody>
</table>

Do you need to supply other documents? If yes, which ones?

Do you need to pay a fee to replace a health card? If yes, how much?
Writing: Skill-Building and Skill-Using Activities

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- Completing a Medical Form ................................................................. 64
- Write a Get Well Card .................................................................................. 67
Practising with Medical Forms

Skill: Writing

Teaching Notes: Based on the needs of your group of learners, use all or parts of this package of forms. Each section introduces a new form-filling skill and reviews the skill from the previous section. Note to share with learners: These form-filling skills transfer into other modules such as Employment and Volunteering, where they also fill in personal information for applications and forms.

Tips for Completing a Form:

Checklist for Learners:

✓ Read before writing
✓ Check abbreviations
✓ Print clearly
✓ Use blue or black ink
✓ Fill out everything
✓ Use NA if it doesn’t apply to you
✓ Re-read for errors

Abbreviations and Language Notes for Learners:

1. First name = given name or legal name
2. Initial = the initial of middle name
3. Last name = surname or family name
4. # = No. or apartment/unit number
5. Address = the number of the house or apartment building and the name of the street, avenue, road, place, etc. The address field may appear in different orders. It might also be called the mailing address.
6. mm = MM = month. If the month number is between 1 and 9, a 0 is placed in front of it (e.g. 09 is September).
7. dd = DD = day. If the day number is between 0 and 9, a 0 is placed in front of it.
8. In phone numbers, the area code is always included, in this order: (area code) phone number (519) 234-9876
9. yy = YY = year. This is the last two digits of the year of birth (e.g. 1995 = 95).
10. Gender = sex. Sometimes forms ask to circle either M (male) or F (female).
Set Up: Consider the following options as starting points for discussions with learners:

Option 1

Ask learners to brainstorm what information is typically asked on forms. Write these words on the whiteboard, or have learners write them on a piece of paper.

1. Once vocabulary such as first name, last name, address, postal code, phone number have been elicited, invite three or four learners up to the board to fill in their personal information, or have learners fill out the information on their papers.

   For example: First Name: _______________   Last Name: _______________
   Phone Number: __________________
   Address: ___________________________________
   Postal Code: ____________

2. As a class, discuss the importance of capital letters for the first letter of a word, spacing for phone numbers and postal codes, and any other principles for filling out forms that come up. Talk about the importance of writing on the line.

3. Have peers come up to the board and correct any mistakes or ask learners to exchange papers and make corrections and/or move to the first set of forms in the package

Option 2:

Provide (or brainstorm) “Tips” for completing forms. Post the list and have learners copy it. See Teaching Notes for suggestions for a checklist.

Assessment: Considering the needs of learners, decide whether to use self or peer review. When reviewing completed forms, learners could use a check list like the following.

Did I (or did my peer) …

✓ Read the form through before writing?
✓ Use the correct abbreviations in the address?
✓ Insert correct spaces in phone number and postal code?
✓ Capitalize only the capital letters of words?
✓ Print clearly?
✓ Use a blue pen on a final form?
✓ Fill out everything, but put NA for non-applicable information?
✓ Read for errors after finishing?
Forms Included in this Activity:

1a – 1b Personal Information (two forms) ..................................................... 56-57
2a Current Health.................................................................................. 58
3a -3c Emergency Contact (three forms) ........................................... 59-60
4a – 4b Family History (two forms) ...................................................... 62-63
1a Personal Information
Instructions: In the blanks, write the letter of the matching words. Then fill in the form.

1. first name _____
2. last name _____
3. apt. # _____
4. address _____
5. city _____
6. postal code _____
7. tel. # _____

NAME ____________________________________________________
LAST FIRST
ADDRESS ________________________________________________
APT. # STREET
CITY _____________________________________________________
POSTAL CODE ___________________________________________
TELEPHONE _______________________________________________
<table>
<thead>
<tr>
<th><strong>PATIENT INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> ________________________________________________________________</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Street:</strong> ____________________________</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>City:</strong> ________________  <strong>Province:</strong> _____  <strong>Postal Code:</strong> ________</td>
</tr>
<tr>
<td><strong>Telephone number:</strong> ________________________________</td>
</tr>
<tr>
<td><strong>Sex:</strong> ☐ M  ☐ F  <strong>Date of Birth:</strong> Day _____  Month _____  Year _____</td>
</tr>
<tr>
<td><strong>Signature:</strong> ________________________________________________</td>
</tr>
</tbody>
</table>
2a Current Health

Instructions: Fill in the form.

1. NAME: _________________________________________________

2. BIRTHDATE: _____/_____/______ month/day/year

3. Are you taking any medicine?  □ Yes  □ No

4. Do you have…?
   □ heart problems
   □ high blood pressure
   □ allergies
   □ stroke
   □ lung problems
   □ diabetes
   □ cancer

5. Do you smoke?  □ Yes  □ No
   How many packs a day? ______________

6. Do you drink?  □ Yes  □ No
   How many drinks a day? ______________
### 3a Emergency Contact (Mixer)

**Instructions:** Fill in the form with answers you get from your classmates.

Name: ___________________________  Date: __________________

**Who should we call in an emergency?**

<table>
<thead>
<tr>
<th>my ___________</th>
<th>name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>husband / wife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bother / sister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>son / daughter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________
5. _____________________________________________________________
### Personal Information

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>last</td>
<td>first</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>city</th>
<th>province</th>
<th>postal code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/MM/YY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for today’s visit:</th>
</tr>
</thead>
</table>

### Emergency Contact

<table>
<thead>
<tr>
<th>Name of friend or relative:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relationship to patient:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

### Medical History

<table>
<thead>
<tr>
<th>Allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, please list:

<table>
<thead>
<tr>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, please list:

<table>
<thead>
<tr>
<th>Allergies:</th>
</tr>
</thead>
</table>

If yes, please list:

<table>
<thead>
<tr>
<th>Medication:</th>
</tr>
</thead>
</table>

If yes, please list:
Walk-In Clinic Patient Information Form

First Name: ____________  Last Name: _________________

Date of Birth: _____/_____/______
             MM/DD/YY

Address: __________________________________________
         __________________________________________

Health Care Number: _____________________________

1. Are you a new patient?     Yes  No
2. Do you have any allergies? Yes  No
   If yes, please list: ____________________________
3. Are you taking any medicine? Yes  No
   If yes, please list: ____________________________

Emergency Contact:

Name: ________________  Relationship: _____________

Phone: ________________

Signature: ________________________________
4a Kate’s Family History

Instructions: Read about the health problems and fill in the form.

Name: ___________________________      Date: ______________________

Kate has gone to her family doctor for the first time.
The doctor asked her to fill out her family medical history form.

<table>
<thead>
<tr>
<th>Grandfather</th>
<th>Grandmother</th>
<th>Father</th>
<th>Mother</th>
<th>Son</th>
<th>Daughter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Her grandfather has heart trouble and prostate problems.
- Her grandmother has diabetes and osteoporosis.
- Her father has arthritis.
- Her mother has cancer and is stressed.
- Her mother had a caesarian (C-section)
- Her son has asthma.
- Her son had his appendix removed.
- Her daughter has an allergy

____________________

1 Modified from CIWA, Health Talk: A Health Literacy Curriculum for English Language Learners: Module 7, Filling out Medical Forms. Downloaded from: http://en.copian.ca/library/learning/ciwa/health_talk/7_filling_out_forms/7_filling_out_forms.pdf
4b My Family History

**Instructions:** Fill out your family history form.

**Name:** ___________________________  **Date:** __________________

<table>
<thead>
<tr>
<th>Relation</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
</tr>
<tr>
<td>Brothers</td>
<td></td>
</tr>
<tr>
<td>Sisters</td>
<td></td>
</tr>
</tbody>
</table>

**List any surgeries YOU have had:**

____________________________________________________________________________
____________________________________________________________________________
Completing a Medical Form

Skill: Writing

Competency Area: Getting Things Done

Indicators of Ability: Includes required information; Uses standard capitalization, punctuation, formatting, spelling

Teaching Notes: This activity assumes that the learner has completed the skill-building activities in the module and that they will be applying these skills here.

Set Up: Remind learners that they are applying the skills they have practised and should use a feedback checklist to help guide their work.

Consider having the learners write in pen so they have a chance to practise this requirement. (It may also be useful when reviewing if used as a portfolio artefact.)

Based on the needs of your learners, determine the time limit for the task. Allow them to have their health card to look at during the task, since it isn’t common practice to memorize a health card number.

Assessment: Consider how learners will check their work: self-check or with a partner? Their binders already house several completed skill-building forms, so a partner could check the task by comparing it to the information filled in from the other activities.

To provide teacher feedback, you might consider:

- Circling or highlighting selected major errors you would like them to focus on.
- Giving learners class time to correct major errors (with or without a partner), allowing you time to initial corrections as you walk around.
PERSONAL HISTORY

INFORMATION

Patient’s Name: ____________________  Today’s Date: __________

Date of Birth: _________  Marital Status: _________  Sex: _______

Address: ________________________________________________

Phone #: ________________  Health Care #: ___________________

Emergency Contact Person:  Name: _________________________

Relationship: ___________________

Phone: _______________________

CHIEF COMPLAINT: Please describe the reason for your visit today.

_________________________________________________________________

MEDICATIONS: Please list the names.

_________________________________________________________________

ALLERGIES:  ____ Yes  ____ No

If so, please list: ________________________________________________

SURGICAL HISTORY: Please list any prior surgeries (include year).

_________________________________________________________________
**MEDICAL HISTORY:** Have you ever had any of the following? When?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please list)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, what type?

**CLB4 only:**

**FAMILY HISTORY:**

<table>
<thead>
<tr>
<th>RELATION</th>
<th>AGE</th>
<th>HEALTH CONDITIONS</th>
<th>AGE AT DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ____________________________ Date: ________________
Write a Get Well Card

Skill: Writing

Competency Area: Interacting with Others

Indicators of Ability: Uses language to show sympathy; Conveys feelings; Uses simple sentences; Uses standard spelling, punctuation and capitals

Teaching Notes: This activity is not directly related to the assessment task. However, it provides an opportunity to practise new vocabulary in a relevant context. Review or teach formulaic expressions appropriate for a get well message in a card, email or letter such as: I’m sorry (to hear) that_________ followed by I hope that ________.

Other expressions:

- I’m sorry to hear that you’re not feeling well.
- I hope you feel better soon.
- I am thinking about you.
- I hope you have a speedy recovery.
- Wishing you a speedy recovery.

Review or teach appropriate openings and closings for get well messages. Brainstorm possible additional information that can be included to personalize the message. This activity could be done as a follow-up to practise expressions and vocabulary used in the speaking task I’m Sorry to Hear That.

Set Up: Based on the needs of your learners, determine how you will set up these activities. To consider:

- How and when to review the criteria (before or after writing / write on board or on paper)
- How learners will check their work (initial each criteria / work with a partner)

Assessment: To provide feedback, you might consider:

- Circling only the major errors you would like them to correct
- Giving learners class time to correct major errors (with or without a partner), allowing you time to initial corrections as you walk around
Write a Get Well Card

Instructions: One of your classmates is sick and is in the hospital. Write her a get well card. Remember to:

_____ Use an opening and closing
_____ Use expressions for a get well message
_____ Use simple sentences
_____ Check your spelling

When you finish, check your work and put your initials by each of the above criteria.

Name: _______________________________ Date: ________________

____________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Get Well Soon!!!
Assessment Tasks

Speaking and Listening Task................................................................. 70
Reading Task and Text........................................................................... 71
Writing Task............................................................................................. 74
# Speaking and Listening Task

**TOPIC:** At the Walk-in Clinic

**CLB 3-4 LISTENING AND SPEAKING TASK:** Role play making a request for assistance and listening and responding to questions from intake personnel at a walk-in clinic.

**LISTENING CRITERIA:** understands requests (#3,5) and information questions (2,4,6-8); understands key vocabulary

**Name:**

**Date:**

<table>
<thead>
<tr>
<th>LISTENING: CLB 3 (#1-6) or CLB 4 (#1-8)</th>
<th>SPEAKING: CLB 3 or CLB 4</th>
<th>Meets</th>
<th>Not yet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
<td><strong>Part A: Overall</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Hello. How are you today?</td>
<td>I can understand your information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Have you been here before?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Can I see your Alberta Health Card, please?</td>
<td>Part B: Analytic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 What is your address?</td>
<td>Uses clarification strategies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 How can I help you?</td>
<td>*Gives basic information about self (# 2-4,8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 *Tell me about your problem including the symptoms and how long you have had the problem. OR Please describe the symptoms you have and how long you have felt this way (CLB 4)?</td>
<td>*States and describes problem (# 5-7) CLB 3: uses some short simple sentences CLB 4: uses several connected sentences to describe problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 *Clarifying question selected from question bank</td>
<td>*Uses key medical vocabulary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 *What prescription/other medications are you taking? Who is your family Doctor?</td>
<td>CLB 3: Tries to use some vocabulary. CLB 4: Adequate use of vocabulary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thank you. Please wait a doctor will be with you shortly. Bye</td>
<td>CLB 4: Fluency is adequate.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Success**

**CLB 3** = 5 out of 6 questions; must include *items

**CLB 4** = 6 out of 8; 2 of *items

**What you did well:**

**Next time:**
Reading Task and Text

Topic: At the Walk-in Clinic
CLB 3-4 Reading Assessment Task: Online read a walk-in clinic home page for information such as hours and services.
Competency Areas: Getting Things Done Criteria: identify detail; Make a choice/decision (2.d&3.c)

NAME____________________________       CLB LEVEL: CLB 3 or CLB 4
DATE_____________________

Instructions: Read about the Meadow Lake Medical Clinic and answer the questions.

PART 1: CLB 3 and 4. Read the web page for details and fill in the chart below. (4 pts)

<table>
<thead>
<tr>
<th>Address</th>
<th>Clinic Hours (2pts)</th>
<th>Phone number</th>
</tr>
</thead>
</table>

PART 2. CLB 3 and 4. Read to find details and make decisions. (5 pts)

   a. Is the Meadow Lake Medical Centre near public transit? YES NO

   b. Circle the 2 cards you need to bring to every appointment
      Bank card  Health Card  Library Card  Bus Pass  Photo ID

   c. What is your first language? _______________________.

      Does someone at the clinic speak your language? YES NO

   d. You work from 8 am to 5 pm 5 days a week. Can you use this clinic? YES NO

PART 3: FOR CLB 4 Short Answer. (6 pts)

   a. Your friend wants to see a heart specialist. What does she need to do?
b. How do you make an appointment at this clinic?

_____________________________________________ and

_____________________________________________

c. Is this a good clinic for you? Yes No

Give one reason why

________________________________________________________________________

**TASK SUCCESS**

<table>
<thead>
<tr>
<th>PART 1</th>
<th>CLB 3</th>
<th>CLB 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4</td>
<td></td>
<td>3/4</td>
</tr>
<tr>
<td>3.5/5 and D</td>
<td>/5</td>
<td>4/5 and D</td>
</tr>
<tr>
<td>4/6 and C</td>
<td></td>
<td>4/6 and C</td>
</tr>
</tbody>
</table>

________________________________________________________________________
Welcome to Meadow Lake Medical Clinic

New Patient Registration

Our clinic provides services in English, Arabic, Hindi, Punjabi, Urdu, and Chinese. Please feel free to recommend our clinic to any of your family and friends who are seeking a new Family Physician. Thank you for your continued support.

Appointments & Hours of Operation

Clinic Hours
Monday to Friday: 9:00 AM - 9:00 PM
Saturday to Sunday: 9:00 AM - 6:00 PM

Walk-in: Patients can walk in during our regular hours of operation

For Appointments:
Call our clinic line: (555) 325 5555

You can also email us at: appointments@mlclinic.com to schedule an appointment. Please email us your name and phone number and we will contact you to set up an appointment.

You will need your Health Card and one piece of Photo ID such as a Driver’s License issued by the government to register. You will need these documents at the time of every appointment.

Seeing a Specialist
To see one of our specialists, you must first make an appointment with one of the family physicians for a referral.

Meadow Lake Medical Clinic
Security Square Mall
(near the Meadow Lake LRT Station)

23 Fenton Road N
Portsmith, ON M8Z 1Q3

Phone (555) 325 5555
Fax: (555) 325 5556
Email: appointments@mlclinic.com

A neighbourhood integrated Medical Clinic

Find Us

Please click on the link below to register with one of our Family Physicians
Writing Task

MEDICAL INTAKE FORM

Fill in the form and return to the receptionist. Please print clearly

A. Personal Information (11pts)

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Today’s Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Home phone number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Alberta Health Number:</th>
<th>Cell phone number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age:</th>
<th>Sex:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Job/Occupation:</th>
<th>Marital Status:</th>
</tr>
</thead>
</table>

B. What is the reason for your visit today? (1pt)

C. Personal Health (4pts)

<table>
<thead>
<tr>
<th>What medical conditions do you have?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What allergies do you have?</td>
</tr>
<tr>
<td>List all medications you take</td>
</tr>
<tr>
<td>List all surgeries you have had</td>
</tr>
</tbody>
</table>

CLB3: Stop Here

CLB 4 – Please answer the following questions.

D. Family History (4pts)

<table>
<thead>
<tr>
<th>If living:</th>
<th>If deceased (not living):</th>
</tr>
</thead>
<tbody>
<tr>
<td>age</td>
<td>any medical conditions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father</th>
</tr>
</thead>
</table>
CLB 3-4 Writing Assessment Task: Please fill out the medical form given to you by your teacher. Remember to follow what you have learned in class about filling in forms clearly, neatly and legibly. CLB 3 learners will fill out Parts A, B and C. CLB 4 learners will fill out Part A, B, C, and D.

**Competencies:** Getting Things Done

<table>
<thead>
<tr>
<th>Name:</th>
<th>CLB Level: CLB 3 or CLB 4</th>
<th>Date:</th>
<th>Exceeds/Meets</th>
<th>Not Yet</th>
</tr>
</thead>
</table>

**OVERALL:** Learners complete the form and reader can understand

**CRITERIA CLB 3 & 4:**

- *Includes information in ALL parts and the information is in the correct place*
  - CLB 3 = 12/16
  - CLB 4 = 16/20

- *Printing is neat and clear*

- *Addresses, phone numbers, punctuation uses correct conventions in Personal Information section*
  - CLB 3 – 2-3 errors
  - CLB 4 – 1-2 errors

  Spells common words correctly
  - CLB 3: up to 3 errors
  - CLB 4: up to 2 errors

**Task Success: CLB 3 and CLB 4: Meets Expectations on all items**

Yes...  ..No

**KEEP DOING:**

PLEASE LOOK AT