Basic Language Emergency Kit

ENGLISH

Fill in (by patients):	
Please write your name here.	
Please write your address here.	
Please write your age here.	
Please write the name and telephone number of someone we can contact.	

Que	estions by healthcare providers to be answered by patients with ' \mathbf{y}	es' or	'no' :
1.	Do you have any pain?		
2.	Do you have an acute pain?		
З.	Do you have a constant pain?		
4.	Did you lose consciousness?		
5.	Are you short of breath?		
6.	Do you have any bleeding?		
7.	Do you have a headache?		
8.	Do you have a stomach-ache?		
9.	Do you have any diarrhoea?		
10.	Do you have any constipation?		
11.	Have you vomited?		
12.	Have you ever suffered from high blood pressure?		
13.	Have you ever been operated?		
14.	Have you ever had heart problems?		
15.	Do you suffer from diabetes?		
16.	Do you suffer from epilepsy?		
17.	Do you suffer from asthma?		
18.	Do you take medicines?		
19.	Are you allergic to medicines?		
20.	Have you taken any medicine?		
21.	Are you pregnant?		

1.	I am going to examine you.	
2.	I am going to take your blood pressure.	
3.	I am going to listen to your chest.	
4.	I am going to test your heart.	
5.	I am going to give you an injection.	
6.	I am going to write you a prescription.	
7.	I am going to send you for a blood test.	
8.	I am going to send you for a urine test.	
9.	I am going to send you for an X-ray.	
10.	You need to stay in hospital.	

Commands (by healthcare providers):

1.	Open your mouth and say 'aaa'.	
2.	Undress from waist up.	
3.	Undress from waist down.	
4.	Lie down on the bed.	
5.	Take a deep breath and hold it for a while.	
6.	Breath normally.	
7.	Do not eat anything.	
8.	Do not drink anything.	



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