

PATIENT'S NUMBER: _____

PATIENT'S NAME: _____



BIRTHDAY

PATIENT'S BIRTHDAY: _____

PATIENT'S PHONE NUMBER:  _____



DOCTOR

PATIENT'S DOCTOR: _____

WHAT IS WRONG TODAY?

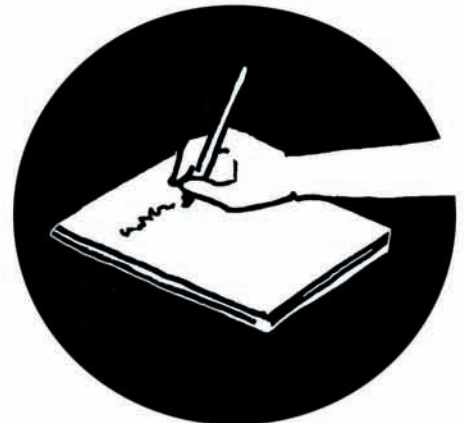
DO YOU WANT...



VIDEO INTERPRETER



INTERPRETER



PEN & PAPER

I HURT



I FEEL

OK



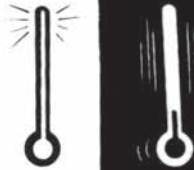
SICK



I LOVE YOU



HOT/COLD



TIRED



CANNOT SLEEP



ANGRY



HAPPY



SAD



CONFUSED



AFRAID



DIZZY



I WANT

NURSE



DOCTOR



CLERGY



FAMILY



WIFE



HUSBAND



FOOD



DRINK



MEDICATION



GLASSES



DENTURES



HEARING AID



I WANT

URINAL



BED PAN



LIE DOWN



SIT UP



TURN OVER



CALL LIGHT



WHEELCHAIR



BLANKET



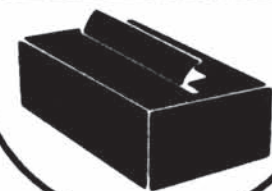
BATH



GROOMING TOOLS



TISSUE



TV



RADIO



LIGHTS



YES

NO

A

B

C

D

E

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G

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K

L

M

N

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