

Learn to speak English

- I want to → Eat
- Drink
- Play
- Smile
- Laugh
- Swim
- Exercise
- Do shopping
- Sing
- See
- Study
- Book an appointment

I would like to(I'd like to)

I am going to (I'm going to)

I can

To see your family doctor

Make an Appointmenmt:

Can I have an appointment with Dr. xxx?

Can I make an appointment with Dr.xxx?

I want to see Dr.xxx.

Is Dr.xxx available?

I want to see a womwn doctor.

I'd like to have a walk-in doctor.

I want to have an eye(ear,nose,throat) doctor

Talk to (with) Doctor(symptom):

Dr.xxx,I am having a poor sleep.

I cannot sleep well.

My blood pressure is high.

My heart beats is fast.

I am running a high fever.

My heart burns.

I am having a headache.

I cannot breathe.

I have a bad cough.

My back aches.

My eyes are itch(Dry).

My throat sores.

课外有兴趣者自学:

I have ---

Heart trouble/attack

High blood pressure

Low blood pressure

Chest pain

abnormal weight change

asthma

shortness of breath

swollen ankles

arthritis

hepatitis

liver disorder

kidney disorder

Thyroid disorder

Lab/Diagnostic Center

Cardiology

Radiology

Medical file/patient history

Blood test/red blood cell

Urinary test

Xray

Ultrasound

Bone Density/bone scan

Breast imaging/ Mammogram

Barium studies

Gastrointestinal

Endoscope

Head/neck/skull

Chest/rib(Chest pain)

Pharmacy/pharmacist

Prescription

Drop-off

Pick-up

Pill

Syrup

Capsule

Nose spray

xxx times (ie. Two times) a day (xxx times per day)

With or without food

Before bed time

Refill

Not covered by OHIP(pay)

LAB –1 (Things you'd come across often)

The information you should keep and know:

- 1) Your home address/Mail address (same home address)?
- 2) Your home phone number/same phone #?
- 3) Post code?
- 4) Your date of birth?

Ultrasound (or X-ray):

(Without food and drink for about 12 hours before the ultrasound)

Usally,You will be asked to do ---

- Would please take a **Deep breath** in and hold it

- Take off your underwear and tie at the back.
- Deep breathe and hold again.
- Breathe in/breathe out.
- Turn to the side, facing the wall.
- Turn to my side ,facing to me.
- Lie on the bed(with shoes)
- Lie on your back/side/stomach
- Move up/move down a little bit.

Attention!

Don't ask the Technicians about the results. Radiologist will inform your family doctor. He or she will tell you the results.

Notices in Diagnostic center or clinics you might come across:

If you have a cough/cold and/or fever, please inform reception as soon as you enter the clinic.

The staff will provide you with a mask for protection and sanitized solution to cleanse your hand.

Please turn off your cell phone.

Please present your OHIP card and requisition slip on the date of appointment.

Touch and take one gown only.

Put used gown into basket.

<Form1>

MAMMOGRAM AND BONE DENSITY PREPARATIONS

MAMMOGRAPHY:

No body powder or deodorant: wear a two piece outfit

Bone Densitometry:

Please wear metal free outfit

<Form2>

ULTRASOUND PREPARATIONS

OBSTETRICAL OR PELVIC:

Before the exam. Do not empty your bladder. Drink between _____ Eat normally.

ABDOMEN: (e.g. pancreas or gallbladder) Nothing to eat or drink 12 hours prior

Appointment Small sips of water only allowed.No breakfast. Please take medication as required.

ABDOMINAL AND PELVIC: No thing to eat for 12 hours prior to appointment. Drink 1 liter of water

To be **finished one hour before the exam**. Do not empty bladder.

BREAST,TESTS,THYROID,NECK, ORMSK: No preparation

Confidential Medical History: (Form, which you will asked to fill)

1. Date of last physical examination _____

2. Do you have a nurse practitioner or family doctor? Yes No

If Yes, please provide name and number: _____

3. Are you currently taking any pills, drugs or medication? Yes No

If list all _____

4. Have you taken any prolonged medication in the past?

(Prescription or non-prescription) _____ Yes No

Please specify _____

5. Have you ever had rheumatic fever? Yes No

6. Do you have heart disease or heart mummur? Yes No

Please specify _____

7. Do you have allergies to any drugs or medication? Yes No

If Yes, please identify all drug allergies: _____

8. Do you have, or have you had, abnormal bleeding ? Yes No

Please specify _____

9. Have you ever been hospitalized and was surgery performed: Yes No

10. Do you have or have you had:

Heart trouble/attack	Nervous disorder	aids	stroke
High blood pressure	low blood pressure	liver disorder	Hepatitis
Shortness of breath	swollen ankle	kidney disorder	asthma
Chest pain	sinus problems	Thyroid disorder	cancer
Surgery	Arthritis		

abnormal weight change

11. Are you currently in good health: Yes No

12. Is there anything else you think you should tell us? Yes No

Please specify _____

13. WOMAN: Are you pregnant? Yes No

Body Parts

Head/neck/skull

Chest/rib(chest pain)

Stomach

Spine and Pelvis

Joints

Lower extremity: Hip/knee/ankle/foot/toe

Upper extremity: shoulder/wrist/elbow

Abdomen

Urinary bladder

Lung

Liver

Gallbladder(gallbladder stone)

Throat/tongue

Thigh

Back

Side

Medical staff

Doctor Physician

Surgeon

Obstetrician

Gynecologist

Pediatrician

Eye doctor, eye physician & surgeon, ENT(ear-nose-throat) doctor

Dentist

Urologist

Neurologist

Oncologist

Heart specialist

Skin specialist Dermatologist

Orthopedist

Radiologist

Laboratory technician

Dietician

Nurse

Anesthetist

Ontario breast screening program

Mammogram

Prostate health

注意字尾: xxxist; xxxlist; xxxgist; xxxtist; xxxdist; xxxcan

Hospital

Call 911

General hospital

Admission office

Administration office

Patient (out-patient, in-patient, emergency case)

Emergency room (serious case, treatment)

Registration office

Waiting room

Consulting (consultation) room

Observation ward

VIP ward(male, female, medical, surgical, skin, children's, family...)

ICU – Intensive Care Unit

Diet(Light, liquid, semi-liquid, full D, fat, low calorie, salt-free, special,

Strict)

Nursing(staff, team, ward nursing)

Bowel movement (to help move bowels)

To make pee (pooh)

Ward pad

Operation (operating room,surgical operation)

Visiting hours

About Five “W” (What, When, Where, Who, Why)

What?

What is this and what is that?

What are these and what are those?

What is your last name? what is your family?

What is your first name? What is your given name?

What is your full name?

What is your family Doctor's name?

What is your Doctor's office phone number?

(I want to know..... you can say:)

What is he? What are they?

What did you want?

What can I do for you?

What did he do to you?

What kind of Doctor do you want to see?

What happened to you?

What is wrong with you?

What time is it?

What about going for a walk?

What is the weather?

What's on? (What is on?)

What's up? (What is up?)

What for?

What if?

So what!

What's more? (What is more?)

What then?

Guess what?

Tell you what,at are you up to?

What is funny?

What's the matter? (What is the matter?)

What I want to do is to see a Doctor.

The questions below you must ask your Doctor:

What are my options?

What are the side effects?

What is the evidence?

What can I do to help myself?