02 FEBRUARY 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5 Parent Workshop- 5 pm	6	7	8 Take car to mechanic 9 AM
9	10 Holiday-no School	11	12	13	14	15
16	17 Holiday-no School	18	19	20 Dentist appt. 1 PM	21	22
23	24	25	26 Hair appt. 11 AM	27	28	

COAAP 28.5 **Intermediate**

Task 1 — Handout #1

ASSESSMENT ACTIVITY: MAKE A DOCTOR'S APPOINTMENT

Directions: Carefully review the provided calendar. Use the script below to make a medical appointment. Include the following information:

- Greeting
- A statement of name
- Appointment information
- Closing

Office: Covina Valley Medical Clinic.
Caller:_____
Office: Hello, can you please tell me your first and last name.
Caller:_____
Office: What is your doctor's name?
Caller:_____
Office: What is your date of birth?
Caller:_____
Office: Who is your medical insurance provider?
Caller:_____
Office: What is the reason for your visit?
Caller:_____
Office: OK. The Dr. is available on February 8th, 12th, and 20th. Which date would you like?
Caller:_____
Office: Do you want a morning or afternoon appointment?
Caller:_____
Office: Okay, your appointment is scheduled for (say date) at (say a time).
Caller:_____
Office: Do you have any questions for me?
Caller:_____
Office: Have a good day!

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Task 1 — Handout #3

ASSESSMENT ACTIVITY: WRITE A DOCTOR'S APPOINTMENT

Content B (2 items, 2 points possible)

Directions: Write down the information for the doctor's appointment you scheduled in the role-play.

Doctor's Appointment

Clinic	
Doctor	
Date	
Time	

Task #2 Handout #1

PATIENT'S PROFILE

- **Name:** Maria Villegas
- **Age:** 69
- **Sex:** Female
- **Height/Weight:** 5'5 / 175 lbs
- **Address:** 15963 S. Fairland Drive, Banning, CA
- **Birthplace:** Los Angeles, CA, USA
- **Nationality:** Filipino
- **Civil Status:** Married
- **Birthday:** June 11, 1948
- **Date/Time of Admission:** July 14, 2017, 9:01 am
- **Final Diagnosis:** Blood in urine, high blood pressure, and fatigue

PATIENT'S HISTORY

- **Past History:** Quit smoking 12 years ago; does not drink alcohol; has worn dentures for the last 20 years.
- **Medical History:** Developed high blood pressure 10 years ago, controlled by medication; diagnosed with diabetes.
- **Surgical History:** Hysterectomy 15 years ago; appendix removed 25 years ago.
- **Medications:** Plendil (for high blood pressure) and Avandia (for diabetes).
- **Allergies:** No known allergies.
- **Blood Transfusion(s):** 450 cc of packed RBC; type AB; July 14, 2017.

The patient noticed swelling in her feet, hands, and ankles with occasional shortness of breath but did not seek medical attention, then a friend suggested she see a physician after she told her that she had also seen blood in her urine. She was diagnosed with irregular liquid buildup in the stomach and was then admitted to Queen of the Valley Hospital. In May of 2017, the patient was diagnosed with chronic kidney disease (CKD).

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Task 2 - Handout #2

MEDICAL HISTORY FORM

Patient Name:	Yes	No
1. Have you had any problems with your heart? (palpitations, murmur, chest pain, heart attack, etc.)		
2. Have you had any problems with blood pressure?		
3. Have you had any problems with your lungs? (breathing problems, cough, asthma, emphysema, bronchitis)		
4. Do you have a severe cold, cough, nasal congestion, or fever now?		
5. Do you have diabetes? If yes, how many years? _____		
6. Do you take diabetes medication? If so, which one? _____		
7. Have you had hepatitis, jaundice?		
8. Have you had any kidney or bladder problems?		
9. Have you received a blood transfusion? If so, when? _____		
10. Have you had convulsions or seizures?		
11. Do you have any allergies?		
12. Have you ever been hospitalized? If so, for what reason? _____		
13. Do you have any back problems?		
14. Do you have problems with excessive bleeding?		
15. Have you ever been diagnosed with a mental health condition? If yes, please specify.		
16. Do you have loose teeth, dentures, caps or crowns? (if yes, please circle)		
17. Do you smoke? If so, how much? _____		
18. Do you drink alcohol? If so, how much? _____		

Task 3 — Handout #1

ASSESSMENT ACTIVITY: VISIT A DOCTOR
Directions: Read the story.

A few days ago, you started feeling very tired and achy all over. Your throat has been sore for the last two days, and you have a temperature between 100-104°F. You have headaches, muscle aches, congestion, and a cough. You've been taking ibuprofen to reduce the fever and ease the pain, along with over-the-counter cold medicine for the cough. You have a cough, fever higher than 102°F, chills, difficulty breathing, and chest pain when you cough. It's time to visit your doctor.

Using the information from the story, pretend you are visiting the doctor. Use the script below to prepare to act out your conversation with the doctor during the visit. Include the following information:

Doctor: Hello, _____.
Patient: _____
Doctor: How are you feeling today?
Patient: _____
Doctor: When did you start having these symptoms?
Patient: _____
Doctor: Sounds like you have the flu. Have you had your flu shot this season?
Patient: _____
Doctor: Are you taking any medications?
Patient: _____
Doctor: I'm going to write you a prescription. Which pharmacy should I send your prescription to?
Patient: _____
Doctor: The pharmacist will explain how much of the medicine you will take and how often. I want you to get plenty of rest and drink lots of fluids like water and orange juice. Continue taking the ibuprofen to reduce the fever and for pain relief. Wash your hands frequently to prevent spreading the flu, and sneeze into tissue paper or your elbow when no tissue is available. I want you to consider getting the flu shot if you haven't already. If you are not feeling better after taking the medication for three days, please come back to see me. If you don't have any questions for me, let me take you to the nurse to check you out and schedule an appointment for next week.
Patient: _____
Doctor: Nice seeing you today, have a good day.
Patient: _____

Task 3 — Handout #2

ASSESSMENT ACTIVITY: UNDERSTAND THE DOCTOR'S INSTRUCTIONS

Directions: Answer the questions about the doctor's visit.

1. What did the doctor say was your illness?

   _____

2. What is one thing the doctor told you to do?

   _____

3. When will you see the doctor again?

   _____

Using your own words, summarize what the doctor said during your visit:

Summary: