



# WELLNESS

## Made Easy

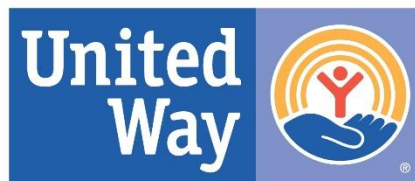
Learn | Connect | Care

## A Maryland Basic Guide to Health Care and Healthy Living





**A collaboration between the following partners:**




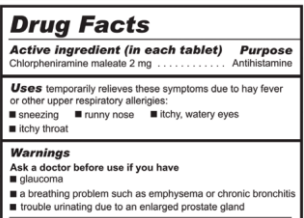
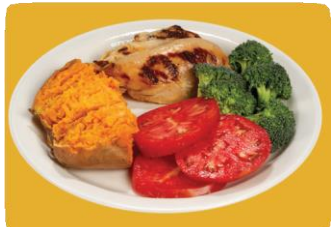

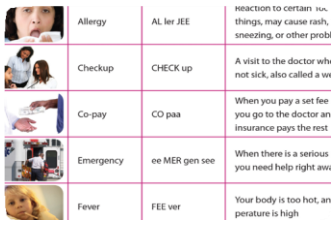


**United Way of the  
Lower Eastern Shore**



**Adapted from the Florida Literacy  
Coalition, Inc. Guide (2019)**

# Table of Contents

<p><b>Health Lingo</b></p>		<p>Definitions</p>	<p>Page 1</p>
<p><b>Chapter 1</b></p>		<p>Health Care</p>	<p>Page 2</p>
<p><b>Chapter 2</b></p>		<p>Doctors</p>	<p>Page 12</p>
<p><b>Chapter 3</b></p>		<p>Medicine</p>	<p>Page 23</p>
<p><b>Chapter 4</b></p>		<p>Healthy Food</p>	<p>Page 34</p>
<p><b>Chapter 5</b></p>		<p>Staying Healthy</p>	<p>Page 43</p>
<p><b>Glossary and Health Resources</b></p>		<p>Words and Definitions</p>	<p>Page 45</p>

# HEALTH LINGO

Match each word to its definition

Word	Definition
<b>Cultural Competence</b>	Writing that is clear and to the point which takes less time to read and understand.
<b>Numeracy</b>	Is understanding written words such that you can participate in society, meet your goals and develop your knowledge and potential.
<b>Plain Language</b>	Moving resources from the hospital into the community to support all aspects of wellness (examples: disease management, support groups, timely treatment to avoid serious illness, home visits) by empowering people to take responsibility for their own wellness.
<b>Literacy</b>	Behaviors, attitudes and policies that come together, between people of differing cultures, that enables them to work together effectively.
<b>Health Literacy</b>	The ability to understand mathematical information to manage mathematical demands in a range of situations.
<b>Population Health</b>	The degree that a person can understand basic health information and available services so that you can make appropriate health choices.





## HEALTH CARE

# CHAPTER 1

### Picture Story

What is happening in these pictures?









#### Emergency Room



- What is an emergency room?
- Where do you go for an emergency?

#### Primary Care

- Where do you go for basic health care?
- When was your last checkup?

# Word List

LOOK AT THE PICTURE. READ THE WORD. SAY THE WORD. READ WHAT IT MEANS.			
Picture	Word	How do I say it?	What does it mean?
	Appointment	uh POINT ment	_____
	Checkup	CHECK up	A visit to the doctor when you are not sick, also called a well visit
	Co-pay	CO paa	When you pay a set fee every time you go to the doctor and your _____ pays the rest
	Emergency	ee MER gen see	When there is _____
	Health insurance	H elth In SHER uns	A program where you pay each _____ and then the program pays for your health care
	Medical interpreter	MED uh cal in TERP ret er	A person who is trained to translate for doctors and patients
	Primary care center	Pri Mar EE Kare Senter	A place you go for basic health care needs. It could be _____
	Urgent Care Center	Ur gent Kare Senter	A category of walk-in clinic. Primarily treat injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.

	<p>Health Clinic</p>	<p>H elth KLIN ic</p>	<p>A health care center staffed by a group of health practitioners and nurses and provides typical health services.</p>
	<p>Health Department</p>	<p>H elth DEE part ment</p>	<p>A division of a local or larger government responsible for the oversight and care of matters relating to public health.</p>

## Reading

### Where do I go for health care?

- When you are well, see your doctor for a \_\_\_\_\_. Your doctor will look for problems you do not see or feel. Finding a health problem early may save your life.
- When you are sick, go to your \_\_\_\_\_. Your primary care center is the place you go for all your basic health care needs. Call your primary care center to make an \_\_\_\_\_.
- When you have an \_\_\_\_\_, go to the hospital emergency room or call 911. An emergency is when you have a serious medical problem that needs to be addressed right away.



### Places to go

#### Emergency Centers (24 hours):

- Peninsula Regional Medical Center  
410-546-6400  
[www.peninsula.org](http://www.peninsula.org)

#### Primary Care Center (Hours vary):

- Eastern Shore Medical Center  
410-546-1331
- Three Lower Counties Community Services  
410-749-2525  
[www.tlccs.org](http://www.tlccs.org)

#### Walk-In Clinic (Hours vary):

- Salisbury Immediate Care & Injury Center  
410-543-2020  
[www.sbyimmediatecare.com](http://www.sbyimmediatecare.com)
- Your Doc's In  
443-944-0196  
[www.yourdocsin.com](http://www.yourdocsin.com)



**FOR FULL LIST OF HEALTH RESOURCES (County Health Departments, Dental, Referrals). SEE HEALTH RESOURCES PAGE AT THE END**



## **In Maryland: Maryland Health Benefit Exchange**

**The best way to pay for health care is to have health insurance**

To learn how you can get health insurance and  
how to get help paying for it, call

**1-800-318-2596**

or go to the Health Insurance Market Place,

**[www.healthcare.gov](http://www.healthcare.gov)**

If you live in Maryland, go to:

**[www.marylandhbe.com](http://www.marylandhbe.com)**

## Common Allergies

“Big Eight” common food allergies:

- Eggs
- Fish
- Milk
- Nuts from Trees (hazelnuts, walnuts, almonds)
- Peanuts
- Shellfish
- Soy
- Wheat

Eight common general allergies:

- Pollen (grass included)
- Dust Mites
- Mold
- Animal Dander and Cockroaches
- Insect Stings (bees, wasps, ants)
- Latex
- Medications (Penicillin or aspirin are the top ones)
- Alcohol

## Maria's Story

Read the story and answer the questions.

THIS IS MARIA.

- 1** Last year, Maria was sick. She did not go to the doctor. One night she could not breathe. Her husband took her to the **emergency** room. She stayed in the hospital for three days.
- 2** Maria is sick again. She has a bad cough. She does not want the cough to get worse. She does not want to go to the emergency room. She calls the health center to make an **appointment**. She also asks for an interpreter.
- 3** At the health center they ask Maria, "What is your name?" They ask, "Do you have **health insurance**?" Maria gives them her health insurance card.
- 4** They give her a form to fill out. The form is in English only. Maria asks if they have the form in Spanish. Maria asks for an **interpreter**.



## Writing

1. Why did Maria go to the emergency room?
2. Why does she make an appointment at the health center?
3. What do they ask Maria when she arrives at the health center?
4. Why does she ask for an interpreter?

**\*\*Remember "health center" can be primary care or walk-in clinics as well\*\***

## Speaking

Practice this dialogue with a partner.

### Dialogue

**Health Center:** Hello, health center. How may I help you?

**Patient:** Hello, this is Fatima Tuma. I want to make an appointment.

**Health Center:** How do you spell your name?

**Patient:** T U M A

**Health Center:** What is the problem?

**Patient:** I have a **headache** and **sore throat**.

**Health Center:** Do you have a fever?

**Patient:** No, I don't.

**Health Center:** Okay, come in tomorrow at 10 am.

**Patient:** Thank you.



### Dialogue

**Health Center:** Hello, health center. How may I help you?

**Patient:** Hello, this is \_\_\_\_\_. I want to make an appointment.

**Health Center:** How do you spell your name?

**Patient:** \_\_\_\_\_.

**Health Center:** What is the problem?

**Patient:** I have \_\_\_\_\_ and \_\_\_\_\_.

**Health Center:** Do you have a fever?

**Patient:** \_\_\_\_\_.

**Health Center:** Okay, come in \_\_\_\_\_ at 10 am.

**Patient:** Thank you.



## Fill in the Blank

1. What is your name? \_\_\_\_\_
2. What is your address? \_\_\_\_\_
3. What is your phone number? \_\_\_\_\_
4. What is your email address? \_\_\_\_\_
5. Where do you go for health care? \_\_\_\_\_
6. What health insurance do you have? \_\_\_\_\_

## Find these words in the word search puzzle.

- Appointment
- Copay
- Insurance
- Breathe
- Cough
- Interpreter
- Checkup
- Emergency
- Patient

U	D	C	G	I	E	J	A	Z	V	A	N	C	I	G
R	F	K	K	T	U	B	D	M	L	S	I	D	P	X
Q	B	S	U	R	Y	C	V	I	C	V	N	E	D	I
G	R	P	Y	C	Z	I	K	T	K	O	T	G	V	G
J	E	E	A	O	W	U	R	I	V	W	E	E	P	N
D	A	I	H	U	R	O	O	N	G	M	R	M	A	F
F	T	P	Z	G	D	F	C	S	K	P	P	E	T	N
P	H	N	C	H	E	C	K	U	P	L	R	R	I	J
E	E	G	R	K	F	A	R	R	H	R	E	G	E	G
V	X	T	B	D	C	O	P	A	Y	P	T	E	N	Q
D	V	U	A	P	P	O	I	N	T	M	E	N	T	J
X	F	Z	L	U	O	Y	G	C	Y	D	R	C	N	E
V	X	K	V	P	R	N	W	E	N	L	P	Y	O	O



## Action

Find a local health center. Make an appointment.

### What is 211?



211 is a phone service that tells you information about free and low-cost services near you. Call the health center to make an appointment for a checkup. To learn more, call 211 now.

Maryland 211 Website: [www.211md.org](http://www.211md.org)

#### Step 1: To find a provider:

- call 211
- use a phone book
- use the internet

#### Step 2: Search for a health center near you.

- Health center name \_\_\_\_\_
- Health center phone number \_\_\_\_\_
- Health center address \_\_\_\_\_



## Picture Story

What is happening in these pictures?


### Asking Questions

- What is the doctor asking the patient?
- What is the patient asking the doctor?

### Describing Symptoms

- What body part is the patient pointing to?
- Why is the patient visiting the doctor?

# Word List

LOOK AT THE PICTURE. READ THE WORD. SAY THE WORD. READ WHAT IT MEANS.			
Picture	Word	How do I say it?	What does it mean?
	Allergy	AL ler JEE	Reaction to foods, medications, products, etc may cause _____.
	Fever	FEE ver	When your body temperature is too high
	Headache	Hed A eek	_____.
	Health history	Helth HISS tor EE	The health problems you had in the past
	Medicine	MED uh sin	Used when you are sick or have aches and pain to help make you feel well
	Sore throat	SOR th ROT	When your throat hurts, it is hard to swallow
	Symptoms	SIMP tums	Something that happens in the body that shows you have an _____.

## Healthcare Professionals

Type of Provider	Role
General Practitioner (M.D.)	A medical doctor who is trained to provide primary health care to patients of either sex and any age
Nurse Practitioner (N.P.)	They are a registered nurse (RN) with advanced training in diagnosing and treating illness. Nurse Practitioners prescribe medications, treat illness, and administer physical exams. NPs differ from physicians in that they focus on prevention, wellness, and education
Physician's Assistant (P.A.)	Someone qualified to assist a physician and carry out routine clinical procedures
Registered Nurse (R.N.)	A medical professional, licensed to provide nursing care, including distributing medication
Certified Nurse Assistant (C.N.A.)	Is a person who assists patients with healthcare needs and cares for a patient who is ill or recovering from a surgery or disease

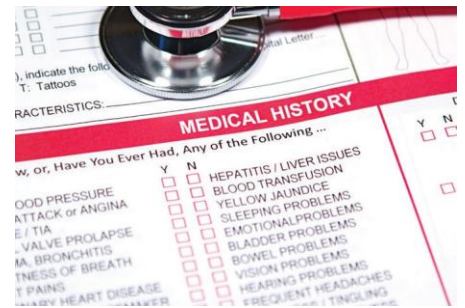
## Healthcare Specialists

Type of Specialist	Role	Why Would I Go There?
Dermatologist	Dermatology is the science that is concerned with the diagnosis and treatment of diseases of the skin, hair and nails	You should make an appointment if you have any significant problem with your skin
Gynecologist/ Obstetrician	Treats women during pregnancy, childbirth and diseases of the female reproductive system and genital tract	General check-ups for women reproductive system, pregnancy, childbirth questions or problems
Cardiologist	Concerned with the treatment of heart disease and similar problems	You should seek these doctors if you are experiencing heart pain or heart problems
Pediatric Doctor	Treats infants, toddlers, children and teenagers	If your child needs a check-up or is having health issues
Urologist	Diagnoses and treats male and female urinary tract and the male reproductive system	If you're having problems using the restroom or pain in your bladder area
Allergist/ Immunologist	Conducts the diagnosis and treatment of allergic conditions	If you believe you are having allergies or an allergic reaction
Endocrinologist	Diagnoses diseases related to the glands including diabetes, osteoporosis, cancers of the endocrine glands, and others	If you have been diagnosed with a hormonal condition such as diabetes or thyroid disease
Chiropractor	Diagnoses and treats misalignments of joints to help your nerves, muscles and organs	If you're experiencing pain in your joints or spine
Counselor	A person trained to give guidance on personal, social, or psychological problems	If you have concerns about your mental or emotional health
Psychiatrist	Treats people with mental and emotional disorders	If you have concerns about your mental or emotional state due to life events

## Reading

### What will the doctor ask me?

- What are your \_\_\_\_\_? Before you go to the doctor, practice describing your symptoms in English. Practice with a friend or family member.
- What \_\_\_\_\_ do you take? Before you go to the doctor, write down the names of medicines you take and how much you take each day. Give this list to your doctor. Or you can bring you medicines with you and show them to your doctor.
- What is your \_\_\_\_\_? Your health history is the health problems you have now or had in the past. Your doctor will ask you to fill out a health history form.



### What will I ask the doctor?

Be sure you understand the answers to these questions before you leave your **appointment**.

- What is my main problem?
- What do I need to do / how do I take my medication?
- Why is it important for me to do this?
- What if I am getting worse?
- How do I get my medicine? Where do I go?
- What are the side effects of my medicine?

**It is your doctor's job to clearly explain the answers to these questions.**

**It is your job to be sure you understand the answers before you leave the doctor's office.**



## John's Story

Read the story and answer the questions.

THIS IS JOHN.



- 1 John is 50 years old. He is a healthy man. Once a year he goes to his primary care physician for a **checkup**. John's father was not a healthy man.
- 2 He calls his primary care center to make an **appointment**. He says, "I need to make an appointment for a checkup." The woman on the phone says, "Please come in on Tuesday at 4:30 pm."
- 3 When he arrives at the primary care center, the woman at the front desk gives him a **health history** form. He fills out the health history form while he waits for the physician's assistant.
- 4 The form asks, "Do you have any **allergies**?" The form asks, "Do you take any **medicines**?" He thinks of questions to ask the physician's assistant.

## Writing

1. How does John stay healthy?
2. Why does he call his primary care center?
3. What do they give John when he arrives at the primary care center?
4. What questions do you think John will ask his primary care physician?

## Speaking

Practice this dialogue with a partner.

### Dialogue

**Doctor:** Hello, my name is Dr. Weston. How may I help you?

**Patient:** I have pain in my back.

**Doctor:** Do you have any other symptoms?

**Patient:** Yes, it hurts when I walk.

**Patient:** What is causing my back pain?

**Doctor:** I can give you some medicine to help. Take it two times a day.

**Patient:** How long should I take the medicine?

**Doctor:** Take all the medicine. It should last about one week.

**Patient:** Thank you, doctor.



### Dialogue

**Doctor:** Hello, my name is Dr. \_\_\_\_\_ . How may I help you?

**Patient:** I have pain in my \_\_\_\_\_ .

**Doctor:** Do you have any other symptoms?

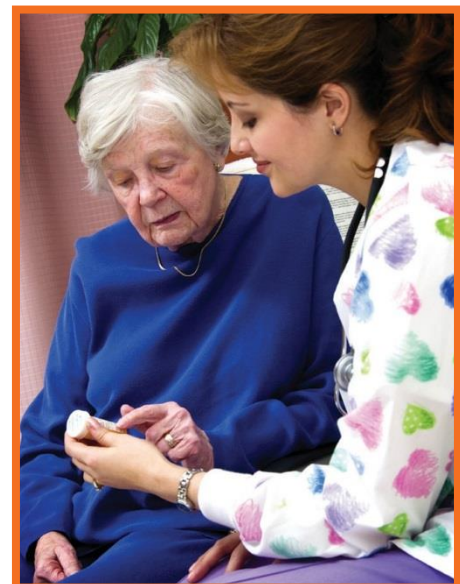
**Patient:** Yes, it hurts when I \_\_\_\_\_ .

**Doctor:** I can give you some medicine to help. Take it \_\_\_\_\_ .

**Patient:** How long should I take the medicine?

**Doctor:** Take all the medicine. It should last about \_\_\_\_\_ .

**Patient:** Thank you, doctor.



## Practice- Exercise #1

Practice this dialogue with a partner.

What other questions should the patient have asked the doctor?

What information did the doctor not include?

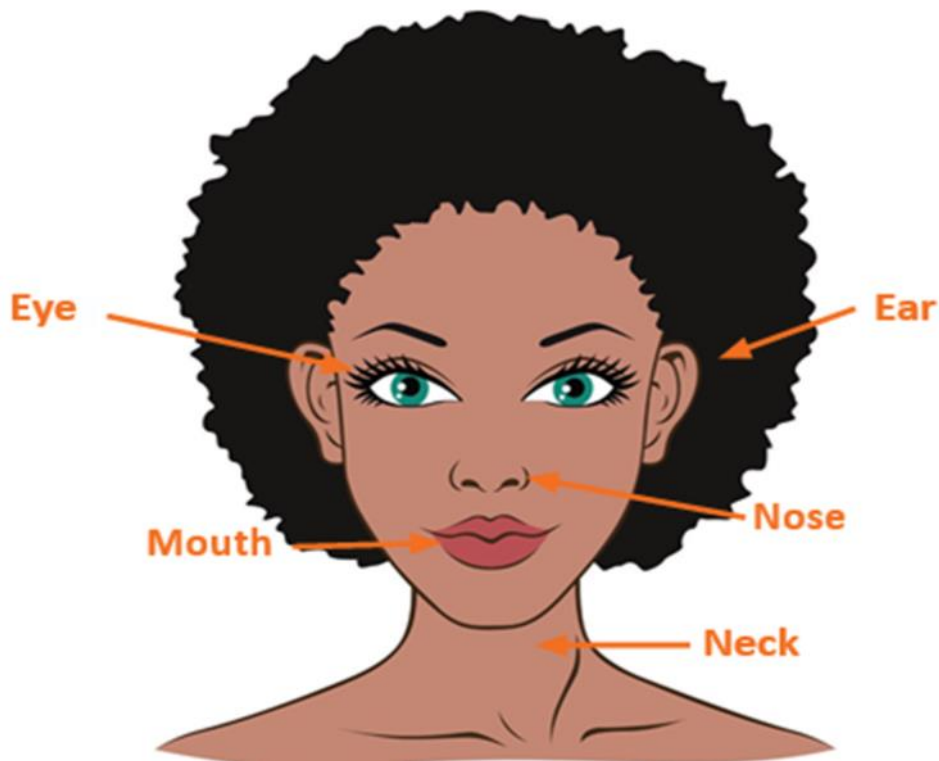
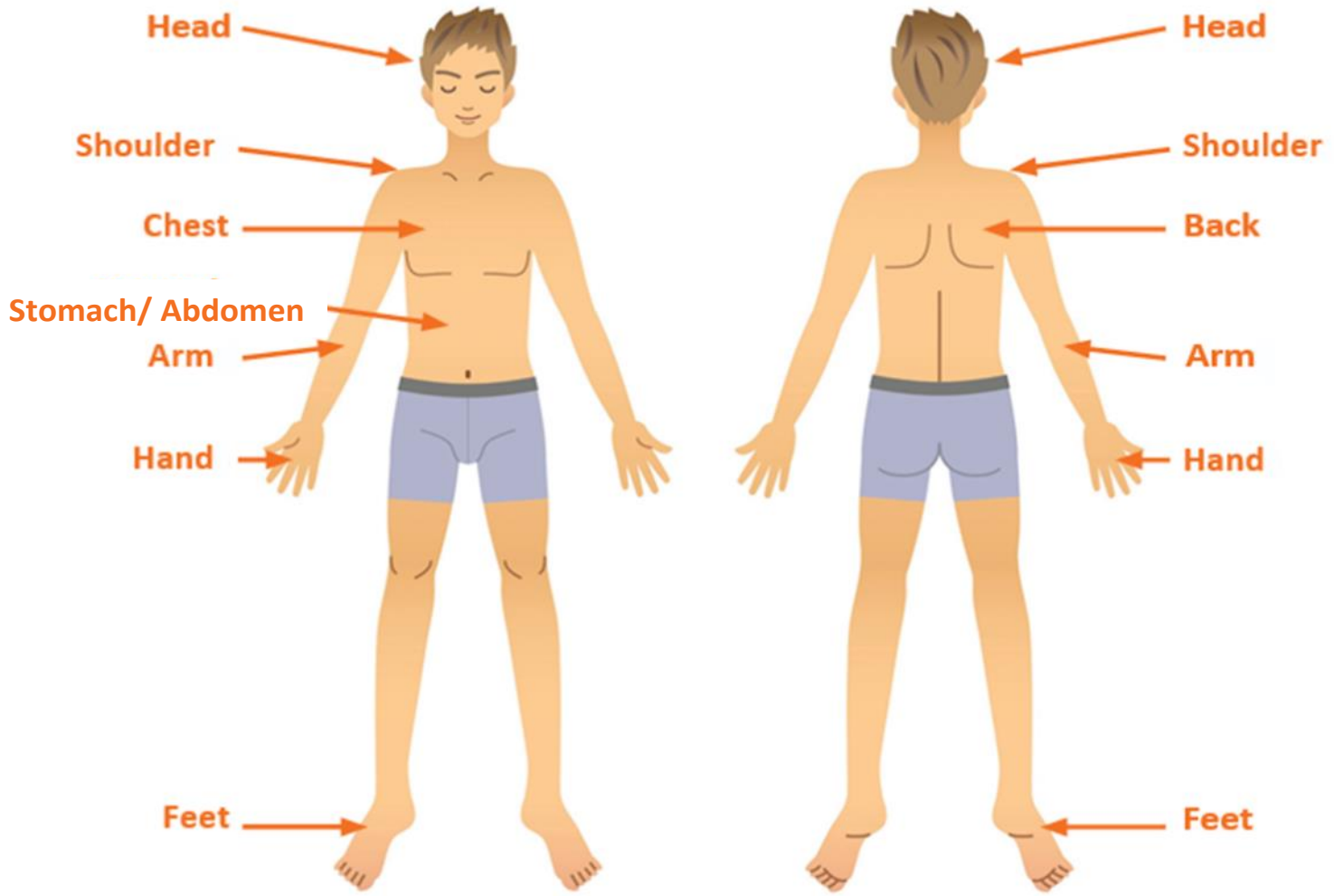
## Practice- Exercise #2

Read the body parts words out loud in English. Then write the words in your own language. Use the pictures on the next page to help you locate the body parts.

Use your dictionary or ask a friend or family member who speaks your language.

English	My Language
Back	
Chest	
Ears	
Eyes	
Feet	
Hands	
Head	
Neck	
Nose	
Shoulders	
Stomach	

# Parts of the Body



## Action: HEALTH HISTORY/ FAMILY HISTORY CHART

### Checklist: What you need to take to your first doctor's appointment:

- Identification (driver's license)
- Insurance Card
- Bottles of any medications that you are taking

You will have to fill out a medical history form. The following questions will be on the medical history form. **(See the sample history form below)**

1. Your contact information: address, phone number, email address and an emergency contact name/phone number.
2. Explain what your problem/illness is today.
3. Description of your medical history which is a list of any on-going illnesses, dates of any past surgeries and hospitalizations.
4. List of medications that you take now (if you have many medications, you can show the nurse the bottles and she can help you fill in the form).
5. The name and location of the pharmacy that you go to get your medications.
6. The date and name of the doctor's office that you went to the last you were sick.
7. The names of current doctors that you are going to for any other medical conditions.
8. A list of immunizations that you have been given.
9. A list of any tests that you have had which include blood work, x-rays and procedures.
10. Your family's medical history (mother, father, sister, brother, grandparents, children).
11. Your health habits (smoking, drinking alcohol, using drugs, exercise, mental health and sexual history).



Fill out this health/ family history form. Use your dictionary to look up the words you don't know. Save this form and bring it with you to your next checkup.

## HEALTH/FAMILY HISTORY

PATIENT NAME: \_\_\_\_\_

PATIENT DATE OF BIRTH: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

What would you like to talk to your doctor about today? \_\_\_\_\_

### MEDICAL HISTORY

Please list any medication allergies or reactions:

\_\_\_\_\_  
\_\_\_\_\_

Please circle to indicate if you have ever had the following conditions:

- Diabetes
- High blood pressure
- Asthma
- Heart attack
- Kidney disease
- Hepatitis
- Sexually transmitted disease – type: \_\_\_\_\_
- Eye problems – type: \_\_\_\_\_
- Cancer – type: \_\_\_\_\_
- Other, please explain: \_\_\_\_\_
- Thyroid disease
- Stroke
- Depression
- Emphysema
- Seizures
- Tuberculosis
- Coronary Artery Disease
- Congestive Heart Failure
- Arrhythmia

If you have any other medical problems or serious injuries that are not listed above, please describe them here:

\_\_\_\_\_  
\_\_\_\_\_

When was your last physical?

\_\_\_\_\_

## FAMILY HISTORY

Check any of the diseases that run in your family **and** please note who had it:

	None	Mother	Father	Sister	Brother	Grandmother (mother's side)	Grandfather (mother's side)	Grandmother (father's side)	Grandfather (father's side)	Child	Other (Please explain)
Alcoholism or Drug Use											
Cancer											
Cancer Type											
Diabetes											
Heart Disease											
High Blood Pressure											
High Cholesterol											
Osteoporosis											
Mental Illness											
Stroke											
Thyroid Disease											
Other											

\* A FULL copy of this chart can be found in the **Health Resources** section at the end to be used to take to your doctor or copied\*

## Drug Facts

**Active ingredient (in each tablet)**    **Purpose**  
Chlorpheniramine maleate 2 mg    Antihistamine

**Uses** temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:  
■ sneezing    ■ runny nose    ■ itchy, watery eyes  
■ itchy throat

### Warnings

**Ask a doctor before use if you have**

- glaucoma
- a breathing problem such as emphysema or chronic bronchitis
- trouble urinating due to an enlarged prostate gland

**Ask a doctor or pharmacist before use if you are taking** tranquilizers or sedatives

**When using this product**

- You may get drowsy    ■ Avoid alcoholic drinks
- Alcohol, sedatives, and tranquilizers may increase drowsiness
- Be careful when driving a motor vehicle or operating machinery
- Excitability may occur, especially in children

**If pregnant or breastfeeding,** ask a health professional before use.

**Keep out of reach of children.** In case of overdose, get medical help or contact a Poison Control Center right away.

### Directions

Adults and children 12 years and over	Take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours.
Children 6 years to under 12 years	Take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours.
Children under 6 years	Ask a doctor

**Other information** Store at 20-25° C (68-77° F)  
■ Protect from excessive moisture

**Inactive ingredients** D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch



## MEDICINE

CHAPTER

3

## Picture Story

What is different about these two pictures? What is the same?

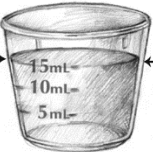



### Over-the-counter Medicine (OTC)

### Prescription Medicine (Rx)

- What can you learn about this medicine from the label?
- What can you learn about this medicine from the label?

# Word List

LOOK AT THE PICTURE. READ THE WORD. SAY THE WORD. READ WHAT IT MEANS.			
Picture	Word	How do I say it?	What does it mean?
	Generic	Gen AIR ik	Not a name brand, usually less expensive than the name brand and works as well as name brand
	Label	LA bel	On the medicine bottle or box that describes how to take it
	Over-the-counter (OTC)	O ver the COUNT er	Medicine anyone can buy at a _____.
	Pharmacy	FARM uh see	Where you go to buy medicine
	Pharmacist	FARM us sist	A person who works in the pharmacy, the person who fills prescriptions
	Prescription (Rx)	Pre SCRIP shun	You need one of these from a _____ to buy certain medicines
	Teaspoon	Ti SPU n	Measurement of how much liquid medicine is needed Common abbreviation: tsp Equals 5 mL
	Milliliter	Mil e LEE Ter	Measurement of how much liquid medicine is needed Common abbreviation: mL

	<p>Tablespoon</p>	<p>T A ble SPU n</p>	<p>Common abbreviation: Tbsp Equals 3 teaspoons or 15 mL</p>
	<p>Vaccine</p>	<p>Vak seen</p>	<p>Provides immunity against one or several diseases</p>
	<p>Immunization</p>	<p>IM yoon ZA Shun</p>	<p>The process of becoming immune or resistant to an infectious disease, typically by getting vaccines. It is good to stay up to date on these and check with your doctor on what you need</p>
	<p>Side effect</p>	<p>SIDE e fekt</p>	<p>An _____ you get from taking some medicines</p>

## Medication Information

### Common Types of Medication:

- Antibiotics- medicine used to treat illness, symptoms or infections
- Paid Medication/ Narcotics- prescription and over the counter drugs used for the treatment of pain
- Birth Control
- Anti-depressants

## What does a medicine label tell you?

A medicine label tells you about the medicine. It tells you:

- the \_\_\_\_\_ of the medicine.
- who the medicine is for.
- about possible \_\_\_\_\_.
- about possible dangers (warnings).

A medicine label tells you how to take the medicine. It tells you:

- \_\_\_\_\_ the medicine.
- \_\_\_\_\_ medicine to take.
- \_\_\_\_\_ to take it.

## Medication Warnings:

- **Do not share** prescription medicines with friends or family.
- Medicines can cause sickness and even kill a person when used the wrong way.
- Always take **the full amount of antibiotics** prescribed to you, even if you start to feel better
- When taking pain medications or narcotics only take what is necessary to relieve your symptoms
- Pain medications can become **addictive** if used in the wrong way
- Some medications can interfere with or counteract birth control or other medications you are currently taking- **ASK YOUR DOCTOR ABOUT THIS!**

## Medication Safety:

- Keep medications out of reach of children or pets
- Keep all medications in a dry room temperature area unless otherwise stated on label
- When opening medication bottles push down and twist cap
- Ask for different types of medication tops if you don't feel comfortable opening it
- If you think you or someone you know is addicted to pain medication/ prescription contact 2-1-1.
- <https://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/videos/clinician05/index.html>





## Common Medication Label Exercise

<b>DO NOT DRINK ALCOHOLIC BEVERAGES</b> when taking this medication	<b>We OWE You</b>	<b>May Cause DROWSINESS</b>	<b>TAKE WITH FOOD</b>
<b>DO NOT REFRIGERATE</b>	<b>WARNING: TAKE ONLY AT RECOMMENDED DOSES. DO NOT TAKE WITH NIZORAL OR SPORANOX OR ERYTHROMYCIN, BIAXIN, OR TAO / OR IF YOU HAVE LIVER DISEASE.</b>	<b>May cause DROWSINESS. ALCOHOL may INTENSIFY this effect. Use with caution operating a car or dangerous machinery.</b>	<b>DO NOT TAKE ASPIRIN WITHOUT KNOWLEDGE AND CONSENT OF YOUR PHYSICIAN</b>
This drug may impair the ability to drive or operate machinery. USE CARE until you become familiar with its effects.	<b>AVOID WAITING for your prescription refills by calling the day before you come in. Thank You.</b>	<b>KEEP IN REFRIGERATOR DO NOT FREEZE</b>	<b>OBTAIN MEDICAL ADVICE</b> before taking non-prescription drugs, some may effect the action of this medication.
<b>IMPORTANT</b> FINISH ALL THIS MEDICATION UNLESS OTHERWISE DIRECTED BY PRESCRIBER	<b>SHAKE WELL BEFORE USING CLEAN MOUTHPIECE AFTER EACH USE WITH RUNNING WATER</b>	<b>TAKE WITH FOOD</b>	<b>MAY CAUSE DROWSINESS OR DIZZINESS</b>
<b>SHAKE WELL</b>	<b>CHEW TABLETS BEFORE SWALLOWING</b>	<b>FOR EXTERNAL USE ONLY</b>	LOT NO. _____ FILLED BY _____ EXP. DATE _____
<b>DO NOT TAKE WITH NITRATES</b>	<b>MAY CAUSE DROWSINESS. ALCOHOL MAY INTENSIFY THIS EFFECT USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINERY</b>	<b>MAY CAUSE DROWSINESS OR DIZZINESS</b>	It may be advisable to drink a full glass of orange juice or eat a banana daily while taking this medication.
<b>YOU SHOULD AVOID PROLONGED OR EXCESSIVE EXPOSURE TO DIRECT AND/OR ARTIFICIAL SUNLIGHT WHILE TAKING THIS MEDICINE</b>	<b>FOR THE ear</b>	<b>THIS ITEM WAS SPECIFICALLY ORDERED FOR YOU PLEASE CONTACT US A DAY AHEAD TO REORDER</b>	<b>CAUTION: CERTAIN MEDICATIONS MAY INTERFERE WITH THE EFFECTS OF THIS MEDICATION. Ask your M.D. or Pharmacist.</b>
<b>FOR THE eye</b>	<b>May Cause Drowsiness</b>	<b>REFRIGERATE SHAKE WELL</b> Discard After _____	<b>MAY CAUSE DISCOLORATION OF THE URINE OR FECES</b>
<b>MEDICATION SHOULD BE TAKEN WITH PLENTY OF WATER</b>	<b>SHAKE WELL AND KEEP IN REFRIGERATOR</b>	<b>may cause DROWSINESS. USE CARE when operating a car or dangerous machinery.</b>	<b>FOR THE NOSE</b>
<b>Take Medication On An EMPTY STOMACH 1 Hour Before or 2 to 3 Hours After a Meal Unless Otherwise Directed by Your Doctor.</b>	<b>FOR THE NOSE</b>	<b>It is very IMPORTANT that you Take or Use THIS EXACTLY AS DIRECTED Do not skip doses or discontinue unless directed by your doctor.</b>	<b>SHAKE WELL AND KEEP IN REFRIGERATOR</b>

# Prescription Process

Your doctor will give you a prescription or a piece of paper that has information about the medication that you will need to give to a pharmacist in order to get you the medication that you need to get well and be healthy.

## What do you do with the prescription?

- All pharmacies can “fill” your prescription which means, take the prescription that your doctor gave you and then get you the medication that you need. But you must either pay for it or have an insurance card that will either cover all of the cost of the medication or some of the cost of the medication.
- If you have insurance, you must also take your insurance card with you to the pharmacy, along with your prescription to show the person working at the pharmacy.
- Even with insurance, most often you will be charged a fee but some insurance plans, for example, Medicare or Medicaid, may allow you to get the medication for free.
- Go to your handbook on page 52 to find the lists of the pharmacies (stores) on the Lower Eastern Shore that have pharmacies.
- Take the prescription to one of those pharmacies listed on page 52.

## Other options for getting your medication:

- 211: call 211 for assistance or if you have access to the internet: <http://211md.org/prescriptions>
- Family Wize is an option to get some medications for free. Internet link: <https://familywize.org>.
- Walmart has certain medications that you can buy for \$4. Internet information link: <https://www.walmart.com/cp/4-dollar-prescriptions/1078664>
- If you are given a prescription after you have been seen in the Emergency Department at Peninsula Regional Medical Center (PRMC) or have been in the hospital and are discharged, you can go to the pharmacy at the hospital to get your medication, but **ONLY** for that **one time and on that same day**. (If you leave the hospital, you will not be able to get your medications from the hospital pharmacy).

## Example: Prescription Label

The image shows a sample prescription label for Bidwell Rx. The label is divided into several sections, each with a label pointing to it:

- Name and address of the pharmacy:** Bidwell Rx, 1815 Metropolitan St, Pittsburgh, PA 15233
- Prescriber's name:** DR JOHN SHOULTIES
- Date of filling:** 08/31/2013
- Auxiliary labels:** A yellow box on the right contains two warnings: "Avoid consuming grapefruit or grapefruit juice while on this medication" and "Consult your pharmacist or doctor about using this medication if you are pregnant, plan to become pregnant, or if you are breast feeding."
- Prescription number:** RX 0123456789
- Patient's name:** PEARSON, PATRICIA
- Directions for use:** TAKE ONE TABLET BY MOUTH EVERY DAY
- Medication name, strength, and dosage form:** Atorvastatin calcium 20 mg Tablets, Watson
- Quantity dispensed:** QTY 30
- Refills left:** REF 2

Additional information on the label includes the pharmacy's website (www.btc-medical.org), phone number (412.323.4000), and DEA number (AB4567890). A barcode is also present on the right side of the label.

## Practice: Alicia's Story

Read the story and answer the questions.

Alicia went to the doctor. The doctor gave her a prescription. Alicia took the prescription to the pharmacy. She gave the prescription to the pharmacist. The pharmacist filled the prescription and gave her the medicine. Alicia asked the pharmacist, "How do I take this medicine?" The pharmacist said, "Take two pills, twice a day."

ABC/Pharmacy, 615 E. 23rd Street, Hialeah, FL33107

**(305) 555-6554**

**Rx# 10178 13222**

**Rodrigues, Alicia**

54 Bloom Street  
Hialeah, FL 33024

**Take 2 tablets by mouth twice daily**

**Minocycline** 100 MG tablets  
Dr. HANES, A

No refills

Qty. 30

Discard After 03/24/2015

Important: Finish all medicine unless otherwise directed by your doctor.

## Medication Exercise: Alicia's Story

1. What is the name of the medicine?
2. How much medicine will Alicia take each day?
3. How often will she take it each day?
4. How many pills are in the bottle?
5. What does the warning label say?

## Speaking

Practice this dialogue with a partner.

### Dialogue

**Pharmacist:** Hello, how can I help you?

**Patient:** I need to find an **over-the-counter** medicine for allergies.

**Pharmacist:** What are your symptoms?

**Patient:** I have a headache and sneeze often.

**Pharmacist:** Here is a medicine that works for many people. Try this medicine.

**Patient:** Will this medicine cause **side effects**?

**Pharmacist:** The **label** says this medicine may make you feel sleepy.

**Patient:** Is there a medicine that will not make me sleepy?

**Pharmacist:** Yes, try this one.

**Patient:** Thank you.



### Dialogue

**Pharmacist:** Hello, how can I help you?

**Patient:** I need to find an **over-the-counter** medicine for \_\_\_\_\_.

**Pharmacist:** What are your symptoms?

**Patient:** I have \_\_\_\_\_ and \_\_\_\_\_ often.

**Pharmacist:** Here is a medicine that works for many people. Try this medicine.

**Patient:** Will this medicine cause **side effects**?

**Pharmacist:** The **label** says this medicine may make you feel \_\_\_\_\_.

**Patient:** Is there a medicine that will not make me \_\_\_\_\_?

**Pharmacist:** Yes, try this one.

**Patient:** Thank you.





## Side Effect versus Adverse Reactions

Side effects are a secondary effect of a medicine or medical treatment. These should be explained by your doctor and can be found on your medication label or information sheet. Common side effects are:

- Nausea
- Drowsiness/ Tiredness
- Constipation
- Diarrhea
- Upset Stomach

Adverse Reactions are more serious effect that can happen from taking medications. Reactions may require medical attention. If you believe you are having a reaction to your medication, talk to your doctor. Common reactions are:

- Hives
- Difficulty Breathing
- Rash or Itching
- Pain
- Vomiting

## Practice

Match each word with the correct definition.

Word	Definition
___ 1. Pharmacy	A Used when you are sick or you have aches and pains to help make you well again
___ 2. Over-the-counter	B Not a name brand medicine, usually less expensive than the name brand
___ 3. Prescription	C A result or symptom you get from taking some medicines
___ 4. Medicine	D On the medicine bottle or box that describes how to take it
___ 5. Pharmacist	E Where you go to buy medicine
___ 6. Warning label	F A person who works in a pharmacy, the person who fills prescriptions
___ 7. Label	G You need one of these from a doctor to buy some kinds of medicine
___ 8. Side-effect	H Medicine you can buy at a store, you do not need a prescription
___ 9. Adverse Reaction	I A label that describes dangers and what NOT to do when taking medicine
___ 10. Generic	J A serious unexpected or unwanted effect caused by your medication that is not mentioned on the label or by your doctor



## Action

Make a list of all the medicine you take. Write the name of the medicine, why you take the medicine, and how much medicine you take.

List the **PRESCRIPTION** medicines you take.

Name of medicine	Why you take it	When you take it	How much you take

List the **OVER-THE-COUNTER** medicines you take.

Name of medicine	Why you take it	When you take it	How much you take

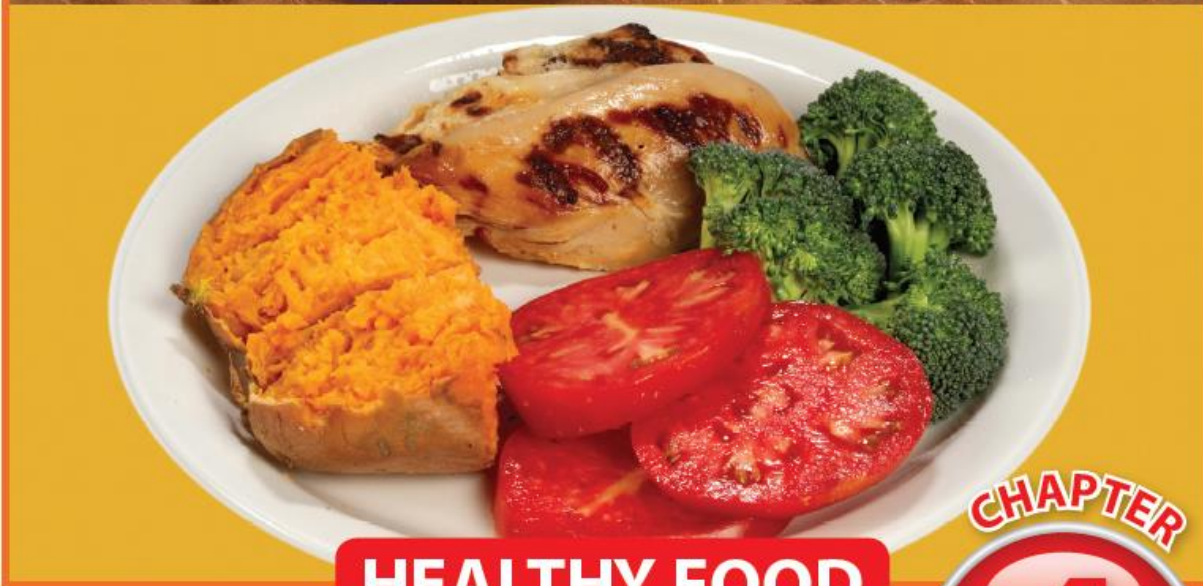
## Websites

### **MedlinePlus: Drugs, Supplements and Herbal Information**

<http://www.nlm.nih.gov/medlineplus/druginformation.html>

### **Medicine Vocabulary Practice**

<http://www.reepworld.org/englishpractice/health/medicine/index.htm>



## HEALTHY FOOD

# CHAPTER 4

### Picture Story

What is different about these two pictures? What is the same?

#### Fast Food

- Which are the foods that are not healthy?
- Why are they not healthy?

#### Healthy Food

- Which are the foods that are healthy?
- Why are they healthy?

## Word List

LOOK AT THE PICTURE. READ THE WORD. SAY THE WORD. READ WHAT IT MEANS.			
Picture	Word	How do I say it?	What does it mean?
	Fiber	FI bur -	Foods that help you feel full and helps your stool come out
	Nutrient	New TREE ent	In foods and needed by people to stay healthy.
	Obesity	oh BEE sit ee	Being very overweight, a weight that is _____.
	Recipe	Re si PEE	List of what goes into a meal and how to prepare it
	Sodium	SO dee um	Another word for _____. Should be eaten in limited amounts
	Vitamins	VI ta mins -	A kind of nutrient in foods that help fight sickness and keep the body strong and healthy

## Reading

### What is Healthy Eating?

Healthy eating means the body is getting the foods it needs to stay healthy. Healthy eating can prevent \_\_\_\_\_ and other health problems.

Other health problems that can be avoided or lessened by healthy eating:

- Diabetes
- High Cholesterol
- Osteoporosis
- Cancer
- Heart Disease and Stroke
- High Blood Pressure
- Depression
- Eating Disorders
- \_\_\_\_\_



### More Variety

To stay healthy you need to eat foods from the five food groups. These five food groups are 1) Fruits, 2) Vegetables, 3) Grains, 4) Protein Foods, and 5) Dairy.

### More Fruits and Vegetables

One of the best things you can do for your health is eat more fruits and vegetables. Fruits and vegetables give you the **fiber** and **vitamins** your body needs to stay healthy.



People should work to eat 2 servings of fruit and 5 servings of vegetables each day. Examples of a serving are:

- 1 small apple
- 1 large orange
- 1 cup of leafy greens (lettuce, spinach, kale)
- 1 small bell pepper
- ½ cup of berries (blueberries, strawberries, grapes, etc.)
- 2 medium carrots
- \_\_\_\_\_





These fruits and vegetables give vitamins that are key to healthy eating. Benefits of these vitamins are listed below:

- Vitamin A
  - Good vision
  - Healthy bone growth
  - Supports skin health
- Vitamin B1
  - Energy production
  - Cardiovascular and brain function
- Vitamin B2
  - Ensures proper growth of organs
- Vitamin B3
  - Digestion
  - Lowering high blood pressure
  - Beneficial in treating diabetes
- Vitamin C
  - Treatment of common cold
  - Lowering hypertension
  - Wound repair
- Vitamin D
  - Maintain healthy bones and teeth
  - Support lung function
  - Support health of nervous system
- Vitamin E
  - Protection against toxins
- Vitamin K
  - Protection of the heart
  - Helps prevent osteoporosis

## Larisa's Story

Read the story and answer the questions.

Larisa's family eats too much meat and not enough fruits and vegetables. Larisa wants to make her family a healthy meal. Help Larisa make a healthy meal for her family. Choose foods from the five food groups.

**Fruits:**

Apples  
Bananas  
Grapes  
Oranges  
Strawberries

**Vegetables:**

Broccoli  
Carrots  
Peas  
Spinach  
String beans

**Grains:**

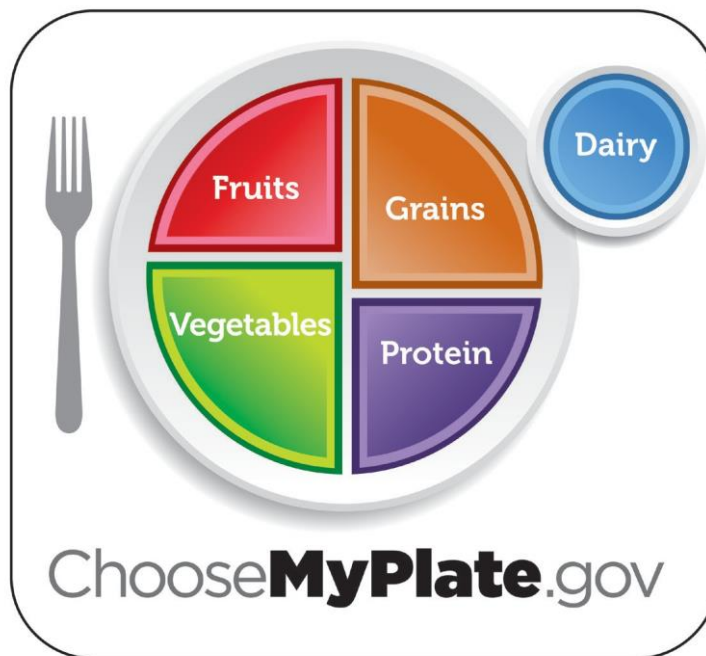
Brown rice  
Corn bread  
Pasta  
Tortillas  
Wheat bread

**Protein:**

Beef  
Black beans  
Chicken  
Nuts  
Fish

**Dairy:**

Cheese  
Milk  
Yogurt



\*For a diabetes version of my plate please see the Health Resources Section at the end of the guide



## HEALTHY EATING EXERCISE

1. Create a day's worth of healthy meals (breakfast, lunch, dinner)

Breakfast:

Lunch:

Dinner:

2. What are some fruit and vegetable options you could eat if you don't like certain foods or are allergic to them? (Example: I don't like broccoli so instead I could eat carrots as a vegetable choice.)

## Speaking

Practice this dialogue with a partner.

### Dialogue

**Larisa:** What fruits do you like to eat?

**Marc:** I like to eat oranges and apples.

**Larisa:** What vegetables do you like to eat?

**Marc:** I like to eat broccoli and carrots.

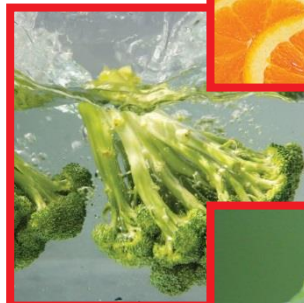
**Larisa:** Do you like to eat spinach?

**Marc:** No, I do not like to eat spinach. Do you?

**Larisa:** No, I do not like spinach, either.

**Larisa:** Do you like to eat strawberries?

**Marc:** Yes, strawberries are my favorite food.



### Dialogue

**Larisa:** What fruits do you like to eat?

**Marc:** I like to eat \_\_\_\_\_ and \_\_\_\_\_.

**Larisa:** What vegetables do you like to eat?

**Marc:** I like to eat \_\_\_\_\_ and \_\_\_\_\_.

**Larisa:** Do you like to eat \_\_\_\_\_?

**Marc:** \_\_\_\_\_ like to eat \_\_\_\_\_. Do you?

**Larisa:** \_\_\_\_\_ like to eat \_\_\_\_\_.

**Larisa:** Do you like to eat \_\_\_\_\_?

**Marc:** Yes, \_\_\_\_\_ are my favorite food.

# Crossword

Complete the crossword puzzle. Use these words.

Diabetes  
Calories

Sodium  
Vitamins

Fruit  
Obese

Exercise  
Carbohydrates

		1												
												2		
										3				
	4				5									
							6							
									7					
						8								

## Across

- This is a type of food that should be limited if you have diabetes. When eaten it is broken down into sugar. Bread has a large amount of these.
- Apples, bananas and oranges are called this.
- A disease that causes high level of glucose/sugar in your body, leading to serious health problems.

## Down

- Found in foods that help your body stay healthy.
- You should \_\_\_\_\_ regularly to help your heart stay strong.
- Too much sugar is bad for you, as it has lots of \_\_\_\_\_, which causes weight gain, diabetes and does not give your body energy.
- This word means a person is very overweight and will not be healthy.
- Another name for salt

## Action

Think of a healthy meal you like to cook. Write down all the ingredients. Write down the steps you take to prepare the meal. Share your recipe with a friend.

Ingredients
1.
2.
3.
4.
5.
6.



Steps
1.
2.
3.
4.
5.
6.

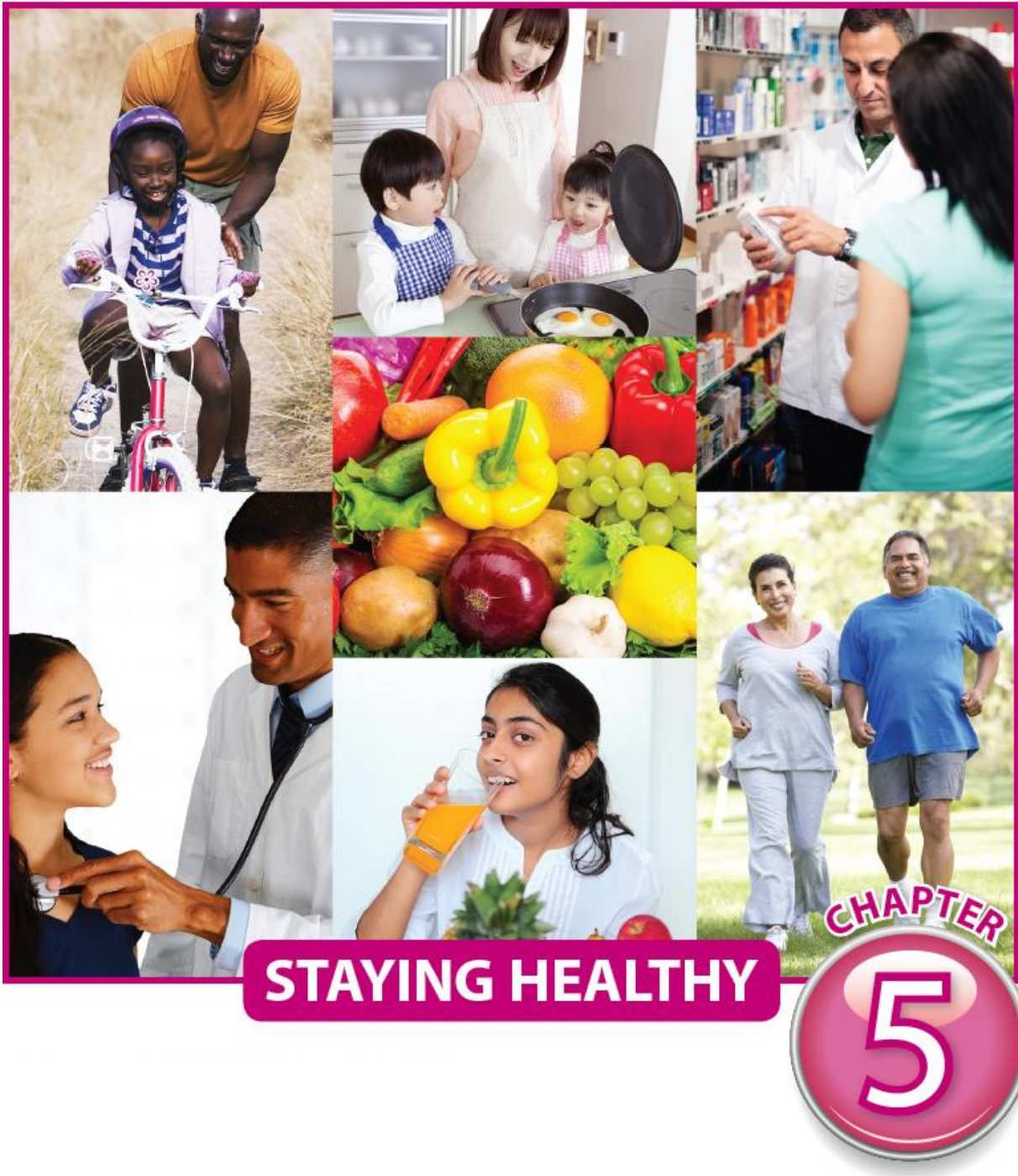
## Websites

### MyPlate Food Groups

<http://www.choosemyplate.gov/food-groups/>

### Food Vocabulary Practice

<http://www.reepworld.org/englishpractice/health/food/index.htm>



## STAYING HEALTHY

## CHAPTER







# 5

### How can you stay healthy?

- There are many things you can do to stay healthy. Not smoking is one of the most important things you can do to prevent poor health and stay healthy.
- Eating healthy foods helps your body stay strong and not get sick. More exercise is also good for both your mind and your body.
- Setting and reaching health goals will improve your health and the health of your family at all ages.


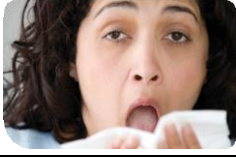



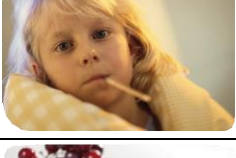







These **6** staying healthy goals will help prevent poor health and keep you and your family healthy. What will you do TODAY to reach these goals?

Staying Healthy Goals	What will you do to reach this goal?
<p><b>1</b> Eat Healthy Food.</p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Eat an apple.</li> <li><input type="checkbox"/> Try spinach.</li> <li><input type="checkbox"/> Use less sugar.</li> <li><input type="checkbox"/> _____</li> </ul>
<p><b>2</b> Keep a Healthy Weight.</p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ask your doctor what's a healthy weight for you.</li> <li><input type="checkbox"/> Make a weight goal and ask family to help you reach it.</li> <li><input type="checkbox"/> _____</li> </ul>
<p><b>3</b> Exercise More.</p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Walk at lunch time.</li> <li><input type="checkbox"/> Play with my kids.</li> <li><input type="checkbox"/> Take the stairs.</li> <li><input type="checkbox"/> _____</li> </ul>
<p><b>4</b> Don't Smoke.</p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> If you smoke, don't smoke inside.</li> <li><input type="checkbox"/> Help a friend quit smoking.</li> <li><input type="checkbox"/> Call 1-800-784-8664 for tips.</li> <li><input type="checkbox"/> _____</li> </ul>
<p><b>5</b> Get a Checkup.</p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Find a primary care center.</li> <li><input type="checkbox"/> Make an appointment.</li> <li><input type="checkbox"/> Sign up for health insurance.</li> <li><input type="checkbox"/> _____</li> </ul>
<p><b>6</b> Take Care of Stress.</p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do something fun.</li> <li><input type="checkbox"/> Call a friend.</li> <li><input type="checkbox"/> Go for a walk.</li> <li><input type="checkbox"/> _____</li> </ul>



# Glossary

Picture	Word	How do I say it?	What does it mean?
	Appointment	uh POINT ment	A time to meet or agree to see someone
	Allergy	AL ler JEE	Reaction to certain foods or other things, may cause rash, hives, sneezing, or other problems
	Checkup	CHECK up	A visit to the doctor when you are not sick, also called a well visit
	Co-pay	CO paa	When you pay a set fee every time you go to the doctor and your health insurance pays the rest
	Emergency	ee MER gen see	When there is a serious problem and you need help right away
	Fever	FEE ver	When your body temperature is too high
	Fiber	Fi bur	Foods that help you feel full and helps your stool come out
	Generic Medicine	Gen AIR ik MED uh sin	Not a name brand medicine, usually less expensive than the name brand
	Headache	Hed A eek	Pain or ache in your head
	Health History	H elth HISS tor EE	The health problems you had in the past

Picture	Word	How do I say it?	What does it mean?
	Health Insurance	H elth In SHER uns	A program where you pay each month and then the program pays for your health care
	Label	LA bel	On the bottle or box to describe the medicine and how to take it
	Medical Interpreter	MED uh cal in TERP ret er	A person who is trained to translate information from doctor to patient and from patient to doctor
	Medicine	MED uh sin	Used when you are sick or have aches and pain to help make you feel well
	Nutrition	New TRISH un	How the body uses food to stay healthy
	Obesity	oh BEE sit ee	Being very overweight, a weight that is dangerous for your health
	Over-the-counter (OTC)	O ver the COUNT er	Medicine anyone can buy at a store, you do not need a prescription
	Pharmacy	FARM uh see	Where you go to buy medicine
	Pharmacist	FARM us sist	A person who works in the pharmacy, a person who fills prescriptions
	Prescription (Rx)	Pre SCRIP shun	You need one of these from a doctor to buy some kinds of medicines

Picture	Word	How do I say it?	What does it mean?
	Primary Care Center	Pri Mar EE Kare Senter	The place you go for all your basic health care needs, could be a health center, health clinic, or doctor's office
	Recipe	Re si PEE	List of what goes into a meal and how to prepare it
	Side Effect	SIDE e fekt	An unwanted result or symptom, you get from taking some medicines
	Sodium	SO dee um	Another word for salt
	Sore Throat	SOR th ROT	When your throat hurts, it is hard to swallow
	Symptoms	SIMP tums	Something that happens in the body that shows you have an injury or illness
	Warning Label	WAR ning LA bel	Describes dangers and what NOT to do when taking medicines
	Vitamins	Vĭta mins	A kind of nutrient in foods that help fight sickness and keep the body strong and healthy

## Notes

## Health Resources

### Emergency Rooms by County

Wicomico			
Peninsula Regional Medical Center	410-546-6400	<a href="http://www.peninsula.org">www.peninsula.org</a>	100 East Carroll Street Salisbury, MD 21801
Worcester			
Atlantic General Hospital	410-641-1100	<a href="http://www.atlanticgeneral.org">www.atlanticgeneral.org</a>	9733 Healthway Drive Berlin, MD 21811
Somerset			
McCready Memorial Hospital	410-968-1200	<a href="http://www.mccreadyhealth.org">www.mccreadyhealth.org</a>	201 Hall Highway Crisfield, MD 21817
Dorchester			
UM Shore Medical Center at Dorchester	410-228-5511	<a href="http://www.umshoreregional.org/about/facilities/dorchester">www.umshoreregional.org/about/facilities/dorchester</a>	300 Byrn Street Cambridge, MD 21613

### Walk-In Clinics by County

Wicomico			
Lower Shore Clinic	410-341-3420	<a href="http://www.gogettersinc.org/Lower-Shore-Clinic.html">www.gogettersinc.org/Lower-Shore-Clinic.html</a>	505 E Main St. Salisbury, MD 21804
Your Doc's In	443-944-0196	<a href="http://www.yourdocsin.com">www.yourdocsin.com</a>	2425 N Salisbury Blvd. Salisbury, MD 21801
ExpressCare of Salisbury	410-543-2020	<a href="http://www.whywaitintheer.com/salisbury.php">www.whywaitintheer.com/salisbury.php</a>	659 S Salisbury Blvd #2 Salisbury, MD 21801
Minute Clinic	410-572-5891	<a href="http://www.cvs.com/minuteclinic/clinics/maryland/salisbury/1016-s-salisbury-blvd/8281/md?WT.mc_id=LS_MC_GOOGLE_8281">www.cvs.com/minuteclinic/clinics/maryland/salisbury/1016-s-salisbury-blvd/8281/md?WT.mc_id=LS_MC_GOOGLE_8281</a>	1016 S Salisbury Blvd. Salisbury, MD 21801
Worcester			
Your Doc's In (Pocomoke)	443-437-7368	<a href="http://www.yourdocsin.com">www.yourdocsin.com</a>	1511 Ocean Hwy, Pocomoke City, MD 21851
Your Doc's In (Ocean City)	443-210-2598	<a href="http://www.yourdocsin.com">www.yourdocsin.com</a>	12385 Ocean Gtwy, Ocean City, MD 21842
Atlantic Immedicare	410-912-4232	<a href="http://www.atlanticgeneral.org/Physician-Offices-Clinics/Atlantic-Immedicare.aspx">www.atlanticgeneral.org/Physician-Offices-Clinics/Atlantic-Immedicare.aspx</a>	505 Linden Ave, Pocomoke City, MD 21851

Berlin Health Center	410-629-0164	<a href="http://www.worcesterhealth.org/mental-health-sidebar">www.worcesterhealth.org/mental-health-sidebar</a>	9730 Healthway Dr. Berlin, MD 21811
West Ocean City Injury & Illness Center	443-736-2952	<a href="http://www.urgentcareoceancity.com">www.urgentcareoceancity.com</a>	12547 Ocean Gtwy Ocean City, MD 21842
<b>Somerset</b>			
McCready Health Free Walk-In Clinic	410-968-1801	<a href="http://www.mccreadyhealth.org/news-releases/free-walk-clinic/">www.mccreadyhealth.org/news-releases/free-walk-clinic/</a>	Tuesdays 10:00am-2:00pm 100 Collins Street Crisfield, MD 21817
<b>Dorchester</b>			
Your Doc's In (Cambridge)	443-477-6324	<a href="http://www.yourdocsin.com">www.yourdocsin.com</a>	300 Sunburst Hwy Cambridge, MD 21613

### Primary Care Centers by County

<b>Wicomico</b>			
Peninsula Regional Family Medicine	410-912-5785	<a href="https://www.peninsula.org/">https://www.peninsula.org/</a>	145 E. Carroll Street Suite 101-102 Salisbury, MD 21801
Dr. Mahesha Thimmarayappa, MD	410-546-1331		914A Eastern Shore Dr Salisbury, MD 21804
Lower Shore Child Care Resource Center	410-543-6650	<a href="http://www.lowershoreccrc.org/">http://www.lowershoreccrc.org/</a>	Wayne St and Power Street, East Campus Complex, Suite 500 Salisbury, MD 21804
Mitchell S. Gittelman PA	410-860-0100		31413 Winterplace Pkwy, Salisbury, MD 21804
Eastern Shore Dr. Primary Care	410-543-8240	<a href="http://www.pencard.com/">http://www.pencard.com/</a>	400 Eastern Shore Dr. Ste 204 Salisbury, MD 21804
Adult Medicine, Lab, Mental Health - Woodbrooke	410-546-6650	<a href="https://chesapeakehc.org/">https://chesapeakehc.org/</a>	1665 Woodbrooke Drive Salisbury, MD 21804
Mental Health - Sweetbay	410-219-1100	<a href="https://chesapeakehc.org/">https://chesapeakehc.org/</a>	1813 Sweetbay Drive Salisbury, MD 21804
OB/GYN Office - Woodbrooke	410-546-2424	<a href="https://chesapeakehc.org/">https://chesapeakehc.org/</a>	1647 Woodbrooke Drive Salisbury, MD 21804
Mental Health - Riverside	443-358-6193	<a href="https://chesapeakehc.org/">https://chesapeakehc.org/</a>	560 Riverside Drive, Suite A-204 Salisbury, MD 21801



Pediatrics - Salisbury	410-548-1747	<a href="https://chesapeakehc.org/">https://chesapeakehc.org/</a>	223 Philip Morris Drive, Salisbury, MD 21804
<b>Worcester</b>			
Atlantic General Primary Care & Pediatrics	410-390-3341	<a href="http://www.atlanticgeneral.org/Find-a-Doctor/O/Danielle-Orr-MD.aspx">http://www.atlanticgeneral.org/Find-a-Doctor/O/Danielle-Orr-MD.aspx</a>	12308 Ocean Gateway, Unit 1, Ocean City, MD 21842
Conran Deborah DO	410-641-1100		9714 Healthway Drive Berlin, MD 21811
Scheirer Jeffery DO	410-641-8585		11101 Cathage Rd Berlin, MD 21811
<b>Somerset</b>			
Adult Medicine, Mental Health, OB/GYN, Pediatrics - Princess Anne	410-651-1000	<a href="https://chesapeakehc.org/">https://chesapeakehc.org/</a>	12145 Elm St. Princess Anne, MD 21853
Adult Medicine, Pediatrics, Mental Health - Pocomoke	410-957-1852	<a href="https://chesapeakehc.org/">https://chesapeakehc.org/</a>	305 10th Street Pocomoke City, MD 21851
Adult Medicine, Pediatrics, Mental Health - Berlin	410-973-2820	<a href="https://chesapeakehc.org/">https://chesapeakehc.org/</a>	9956 N. Main Street, Suite 2 Berlin, MD 21811
<b>Dorchester</b>			
Fassett-Magee Center	410-228-4045	<a href="http://www.choptankhealth.org/#/">www.choptankhealth.org/#/</a>	503 Muir St. Cambridge, MD 21613

### Health Departments

Wicomico County Health Department	(410) 749-1244	<a href="http://www.wicomicohealth.org">www.wicomicohealth.org</a>	300 W Carroll St Salisbury, MD 21801
Worcester County Health Department	(410) 632-1100	<a href="http://www.worcesterhealth.org">www.worcesterhealth.org</a>	926 Snow Hill Rd 200 Salisbury, MD 21804
Somerset County Health Department	<a href="tel:4435231700">(443) 523-1700</a>	<a href="http://www.somerset.org">www.somerset.org</a>	8928 Sign Post Rd Westover, MD 21871
Dorchester County Health Department	<a href="tel:4102283223">(410) 228-3223</a>	<a href="http://www.dorchesterhealth.org">www.dorchesterhealth.org</a>	3 Cedar St Cambridge, MD 21613

## Other Resources:

- Maryland Healthcare Clinics  
410-732-6110  
[www.mdhealthcorp.com/](http://www.mdhealthcorp.com/)
- Community Behavioral Health  
410-334-6687  
[www.communitybehavioralhealth.net/](http://www.communitybehavioralhealth.net/)
- Wicomico Dentists (Directory)  
<http://www.yellowpages.com/salisbury-md/dentists>
- Worcester Dentists (Directory)  
<http://www.yellowpages.com/berlin-md/dentists>
- Somerset Dentists (Directory)  
<http://www.yellowpages.com/crisfield-md/dentists>
- Maryland Physician's Care Network (help on finding a provider)  
[www.marylandphysicianscare.com/find-a-doctor](http://www.marylandphysicianscare.com/find-a-doctor)
- Physician Directory  
[www.peninsula.org/find-a-doctor](http://www.peninsula.org/find-a-doctor)
- Maryland Health Connection  
[www.marylandhealthconnection.gov](http://www.marylandhealthconnection.gov)
- Maryland Medicaid Help  
[dhr.maryland.gov/weathering-tough-times/medical-assistance](http://dhr.maryland.gov/weathering-tough-times/medical-assistance)
- Questions are the Answer  
[www.ahrq.gov/apps/qb/](http://www.ahrq.gov/apps/qb/)
- Choosing a Doctor: Quick Tips  
[www.healthfinder.gov/HealthTopics/Category/doctor-visits/regular-check-ups/choosing-a-doctor-quick-tips](http://www.healthfinder.gov/HealthTopics/Category/doctor-visits/regular-check-ups/choosing-a-doctor-quick-tips)
- Poison Control  
1-800-222-1222  
[www.mdpoison.com](http://www.mdpoison.com)
- Suicide/Crisis Hotline  
1-800-422-0009  
[www.suicide.org/hotlines/maryland-suicide-hotlines](http://www.suicide.org/hotlines/maryland-suicide-hotlines)

## Pharmacies on the Lower Eastern Shore

Location	Phone Number	Ext	Address
<b>CVS</b>			
Hickman Plaza (Bethany Beach)	302-539-3548	3 4	39820 Hickman Plaza Rd, Bethany Beach, DE 19930
Ocean Gtwy (Easton)	410-763-6501	3 4	8290 Ocean Gtwy Easton, MD 21601
Costal Hwy (Ocean City)	410-524-7233	3 4	12001 Coastal Hwy Ocean City, MD 21842
N. Philadelphia Ave (Ocean City)	410-289-6513	3 4	1611 Philadelphia Ave Ocean City, MD 21842
Ocean Gtwy (W. Ocean City)	410-213-1228	3 4	12510 Ocean Gtwy Ocean City, MD 21842
Atlantic Ave (Ocean View)	302-537-4670	3 4	1611 Philadelphia Ave Ocean City, MD 21842
Lankford Hwy (Onley)	757-787-1810	3 4	25201 Lankford Hwy Onley, VA 23418
S. Salisbury Blvd (Salisbury)	410-572-5891	3 4	1016 S Salisbury Blvd Salisbury, MD 21801
<b>Rite Aid</b>			
Old Ocean City Blvd (Berlin)	410-629-0536	3	10119 Old Ocean City Blvd Berlin, MD 21811
Sunburst Hwy (Cambridge)	410-228-8600	3	798 Sunburst Highway Cambridge, MD 21613
E State St (Delmar)	410-896-9612	3	1301 East State Street Delmar, MD 21875
Marlboro Ave (Easton)	410-822-0500	3	101 Marlboro Ave Ste 15 Easton, MD 21601
Lankford Hwy (Exmore)	757-442-8542	3	4053 Lankford Highway Exmore, VA 23350
Georgetown Plaza (Georgetown)	302-856-2015	3	40 Georgetown Plaze Georgetown, DE 19947
S Central Ave (Laurel)	302-875-7844	3	1120 South Central Avenue Laurel, DE 19956
Dupont Blvd (Millsboro)	302-934-8175	3	28511 Dupont Blvd Millsboro, DE 19966

Old Mill Rd (Millvile/Bethany)	302-539-3334	3	36729 Old Mill Road Millville, DE 19967
Coastal Hwy (Ocean City)	410-524-3700	3	11401 Coastal Highway Ocean City, MD 21842
Ocean Gtwy (W. Ocean City)	410-213-0159	3	12524 Ocean Gateway Ocean City, MD 21842
Manklin Creek Rd (Ocean Pines)	410-641-5858	3	11011 Manklin Creek Road Berlin, MD 21811
Lankford Hwy (Onley)	757-787-7154	3	25096 Lankford Hwy Onley, VA 23418
Linden Ave (Pocomoke)	410-957-2311	3	505 Linden Avenue Pocomoke City, MD 21851
Brittingham Ln (Princess Anne)	410-651-1133	3	12154 Brittingham Lane Princess Anne, MD 21853
Mt Hermon Rd (Salisbury)	410-749-0205	3	1316 Mount Hermon Road Salisbury, MD 21804
Parsons Rd (Salisbury)	410-543-8180	3	1208 Parsons Road Salisbury, MD 21801
S. Salisbury Blvd (Salisbury)	443-260-0722	3	833 South Salisbury Blvd Salisbury, MD 21801
W. Stein Hwy (Seaford)	302-629-6686	3	900 West Stein Hwy Seaford, DE 19973
Dupont Blvd (Selbyville)	302-436-9226	3	38169 Dupont Boulevard Selbyville, DE 19975

<b>Walgreens</b>			
Costal Hwy (Bethany Beach)	302-537-3700	1	0 32979 Coastal Hwy Bethany Beach, DE 19930
Sunburst Hwy (Cambridge)	410-901-6290	1	0 640 Sunburst Hwy, Cambridge, MD 21613
Atlantic Ave (Clarksville)	302-537-3970	1	0 34960 Atlantic Ave, Ocean View, DE 19970
Benro Dr. (Delmar)	302-907-1010	1	0 38627 Benro Dr, Delmar, DE 19940
Delaware Rt 1 (Fenwick Island)	302-539-1800	1	0 38993 Beacon Rd, Unit 1, Fenwick Island, DE 19944
College Prk Ln (Georgetown)	302-854-5200	1	0 2 College Park Ln, Georgetown, DE 19947
Sussex Hwy (Laurel)	302-875-8560	1	0 30182 Sussex Hwy, Unit 1, Laurel, DE 19956
Dupont Hwy (Millsboro)	302-934-3190	1	0 28516 Dupont Blvd, Millsboro, DE 19966
Manklin Creek Rd (Ocean Pines)	410-208-3811	1	0 11085 Cathell Road, Berlin, MD 21811
Mt Hermon Rd (Salisbury)	410-334-2194	1	0 909 Mount Hermon Rd, Salisbury, MD 21804

S. Salisbury Blvd (Salisbury)	410-219-5261	1	0	735 S Salisbury Blvd, Salisbury, MD 21801
Sussex Hwy (Seaford)	302-628-6100	1	0	22898 Sussex Hwy, Seaford, DE 19973
W. Fenwick Blvd (Selbyville)	302-436-7191	1	0	37088 W Fenwick Blvd, Selbyville, DE 19975
<b>Walmart</b>				
Ocean Gtwy (Berlin)	410-629-1842		0	11416 Ocean Gtwy, Berlin, MD 21811
Dorchester Sq (Cambridge)	410-221-0388		0	2775 Dorchester Sq. Cambridge, MD 21613
Elliot Rd (Easton)	410-819-0507		0	8155 Elliott Rd, Easton, MD 21601
N. Fruitland Blvd (Fruitland)	410-341-6208		0	409 N Fruitland Blvd Salisbury, MD 21801
College Prk Ln (Georgetown)	302-854-9464		0	4 College Park Ln Georgetown, DE 19947
Old Snow Hill Rd (Pocomoke)	410-957-9610		0	2132 Old Snow Hill Rd Pocomoke City, MD 21851
N. Salisbury Blvd (Salisbury)	410-860-5323		0	2702 N Salisbury Blvd Salisbury, MD 21801
Sussex Hwy (Seaford)	302-628-9824		0	22899 Sussex Hwy, Seaford, DE 19973
<b>Apple Discount Drugs</b>				
Franklin Ave (Berlin)	410-641-3130		2	314 Franklin Ave, Berlin, MD 21811
N. Fruitland Blvd (Fruitland)	410-749-1849		2	404A N Fruitland Blvd, Salisbury, MD 21801
<b>Bi-State Pharmacy</b> (Delmar)	302-846-9101		-	6 E Grove St, Delmar, DE 19940
<b>Clayton's Pharmacy</b> (Cambridge)	410-221-6400			404B Washington St. Cambridge, MD 21613
<b>Craig's Drug Store</b> (Cambridge)	410-228-3322			409 Race St. Cambridge, MD 21613
<b>Craig's Institutional Pharmacy</b> (Cambridge)	410-228-1012			3 Washington St. Cambridge, MD 21613
<b>Delmarva Pharmacy</b> (Salisbury)	410-677-0561		-	1615 Tree Sap Ct, Salisbury, MD 21804
<b>Giant Pharmacy</b> (Salisbury)	443-260-2400		-	751 S Salisbury Blvd, Salisbury, MD 21801

<b>H &amp; H Pharmacy</b>				
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Lankford Hwy (Oak Hall)	757-824-4477	3	7001 Lankford Hwy, Oak Hall, VA 23416
Maddox Blvd (Chincoteague)	757-336-3115	3	6300 Maddox Blvd, Chincoteague Island, VA 23336
<b>Karemore</b>			
Somerset Ave (Princess Anne)	410-651-3980	-	12085 Somerset Ave Ste 5, Princess Anne, MD 21853
Snow Hill Rd (Salisbury)	410-341-7474	-	817 Snow Hill Rd Ste 2, Salisbury, MD 21804
<b>Milford St Pharmacy</b> (Salisbury)	410-860-0700	-	106 Milford St, Salisbury, MD 21804
<b>Mt. Hermon Discount Pharmacy</b> (Salisbury)	410-749-5900	-	1207 Mount Hermon Rd, Salisbury, MD 28014
<b>Pemberton Apothecary</b> (Salisbury)	410-219-3172	-	1306 S Salisbury Blvd, Salisbury, MD 21801
<b>Peninsula Pharmacy</b> (Salisbury)	410-546-3333	-	2417 N Salisbury Blvd, Unit # C, Salisbury, MD 21801
<b>Riverside Pharmacy</b> (Salisbury)	410-742-1188	-	540 Riverside Dr Ste 1, Salisbury, MD 21801
<b>Shayona Pharmacy</b>			
Thorton Ave (Delmar)	302-907-0074	-	38660 Sussex Hwy Ste 10, Delmar, DE 19940
West Rd (Salisbury)	443-736-4662	-	910 West Rd, Salisbury, MD 21801
<b>Snow Hill Pharmacy</b>	410-632-3500	0	5610 Market Street, Snow Hill, MD 21863
<b>Target Pharmacy</b> (Salisbury)	410-572-6144	-	125 E North Pointe Dr, Salisbury, MD 21804
<b>Chesapeake Health Care</b>			
Elm St (Princess Anne)	410-651-5555	-	12145 Elm St, Princess Anne, MD 21853
Beaver Run Dr. (Salisbury)	443-365-2597	-	32033 Beaver Run Dr, Salisbury, MD 21804
<b>VA Chesapeake Dr</b> (Cambridge)	410-228-6305	4 Wait	830 Chesapeake Dr, Cambridge, MD 21613



## Local Farmer's Markets

Wicomico County		
Name	Address	Hours & Phone Number
Shore Fresh Growers Farmers' Market	E Market St, Salisbury MD 21801	Saturdays 8am-1pm
Asbury Church Farmer's Market	1401 Camden Ave Salisbury, MD 21801	Tuesdays, 2:30pm - 6:00pm 410-749-2131
Adkins Farm Market	31 493 Mt Hermon Rd, Salisbury, MD 21804	<u>(410) 548-1478</u>
Wright's Market	9300 Old Railroad Rd, Mardela Springs MD 21837	9:30am-6:30pm Daily/ 410-742-8845
The Farmers Wife Eatery & Farm Market	27000 Ocean Gateway, Hebron, MD 21830	7am-8pm Daily/ 443-859-8738
Oakley's Farm Market	27466 Ocean Gateway, Hebron, MD 21830	8am-7pm Daily/ 410-860-8553
Williams Market	28474 Nanticoke Rd, Salisbury, MD 21801	Sundays 10am-6pm, 9am-8pm Otherwise/ 410-742-0851
Worcester County		
Name	Address	Hours & Phone Number
Twin Oaks Farms	1128 Snow Hill Rd, Stocktonm, MD 21864	443-235-0203
Somerset County		
Name	Address	Hours & Phone Number
How Sweet It Is	3601 Stockyard Rd, Eden, MD 21822	<u>9am-5pm Monday-Saturday/</u> <u>410-742-8600</u>
Dorchester County		
Name	Address	Hours & Phone Number
Harris Farms Market	6672 Cabin Creek Rd, Hurlock, MD 21869	10am-6pm Monday-Saturdays/ 410-714-2137
The Farmer's Daughter Market	4149 Ocean Gateway, Vienna, MD 21869	9am-5pm Daily/ 443-524-4850
Emily's Produce	2206 Churck Creek RD, Cambridge, MD 21613	9am-6pm Daily/ 443-521-0789

## Local Elderly Fitness & Wellness Programs

Wicomico County		
Name	Address	Hours & Phone Number
MAC Inc. Area Agency on Aging	909 Progress Circle Salisbury, MD 21804	410-742-0505
Olympia Fitness Club LLC	321 Tilghman Rd #205 Salisbury, MD 21804	<u>5am-10pm Mon-Thurs, 5am-9pm Fri, 7am-5pm Sat &amp; Sun/</u> <u>410-543-9999</u>
YMCA	715 S Schumaker Dr Salisbury, MD 21804	5:30am-10pm Mon-Fri, 7am-8pm Sat, 12pm-5pm Sun/ 410-749-0101
Worcester County		
Name	Address	Hours & Phone Number
Worcester County Commission on Aging	4767 Snow Hill Rd Snow Hill, MD 21863	8am-4pm Mon-Fri/ 410-632-1277
Worcester County Recreation Center	6030 Public Landing Rd Snow Hill, MD 21863	6am-9pm Mon-Fri/ 410-632-2144
Somerset		
Name	Address	Hours & Phone Number
Somerset County Commission on Aging	11916 Somerset Ave #120 Princess Anne, MD 21853	<u>410-651-3400</u>
Dorchester		
Name	Address	Hours & Phone Number
Dorchester County Family YMCA	201 Talbot Ave Cambridge, MD 21613	5am-9pm Mon-Sat, 10am-5pm Sun/ 410-221-0505

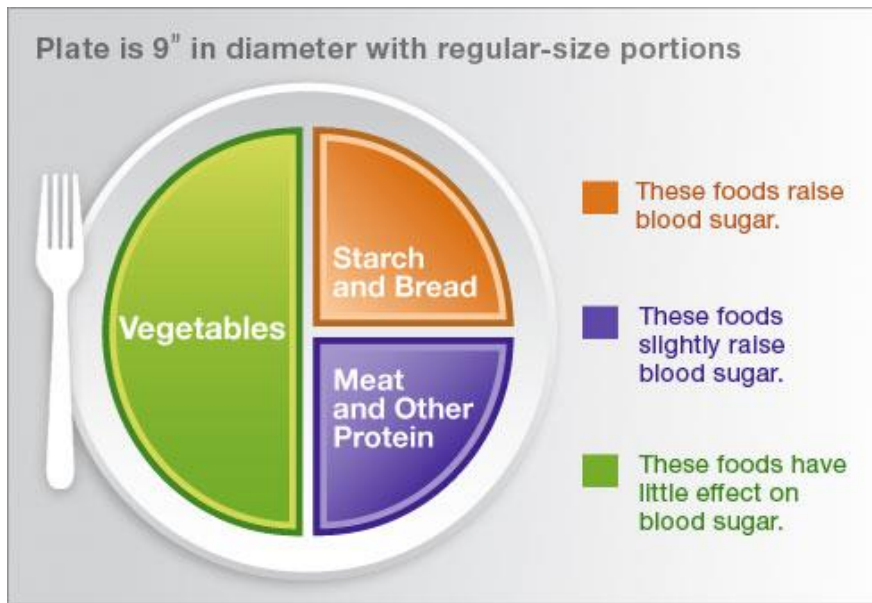
### Fitness Apps

- MyFitnessPal
- Sworkit
- Map My Run
- Lose It!
- FitStar Personal Trainer

### Wellness Apps

- AskMD
- CareZone
- Doctor on Demand
- FollowMyHealth

## Diabetes My Plate Information



- **Half of the plate is non-starchy vegetables.** This is about the size of your closed fist, although you can go back for seconds on these foods. Examples are broccoli, green beans, carrots, mushrooms, tomatoes, cauliflower, spinach, peppers, and salad greens.
- **One-fourth of the plate is a bread, starch, or grain.** This is about the size of half a closed fist. Examples are bread, rolls, rice, crackers, cooked grains, cereal, tortillas, and starchy vegetables like potatoes, corn, winter squash, beans, peas, and lentils.
- **One-fourth is lean protein.** This is about the size of the palm of your hand. Examples are beef, chicken, turkey, pork, fish, tofu, and eggs. (For the plate format, beans should be counted as a starch, not as a protein.)
- **Add a small piece of fruit.** A small piece of fresh fruit is about the size of a tennis ball. Or choose  $\frac{1}{2}$  cup of frozen, cooked, or canned fruit. You could also have a small handful of dried fruit or  $\frac{1}{2}$  cup (4 ounces) of 100% fruit juice.

### Other Resources for Diabetics:

- <http://www.diabetes.org>
- <http://www.webmd.com/diabetes>

# HEALTH/FAMILY HISTORY RESOURCE

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PATIENT NAME: \_\_\_\_\_

PATIENT DATE OF BIRTH: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

What would you like to talk to your doctor about today? \_\_\_\_\_

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## MEDICAL HISTORY

Please list any medication allergies or reactions:

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Please circle to indicate if you have ever had the following conditions:

- Diabetes
- High Blood Pressure
- Asthma
- Heart attack
- Kidney disease
- Sexually transmitted disease – type: \_\_\_\_\_
- Eye problems – type: \_\_\_\_\_
- Cancer – type: \_\_\_\_\_
- Other, please explain: \_\_\_\_\_
- Hepatitis
- Thyroid disease
- Stroke
- Depression
- Emphysema
- Seizures
- Tuberculosis
- Coronary Artery Disease
- Congestive Heart Failure
- Arrhythmia

Please list any surgeries or hospital stays you have had and their approximate date/year:

*Type of surgery / reason for hospitalization / location*

*Date*

_____	_____
_____	_____
_____	_____

If you have any other medical problems or serious injuries that are not listed above, please describe them here:

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When was your last physical?

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Please list all medications, including vitamins, herbal or natural supplements and prescription medications, which you are currently taking. Please note the dosage if possible.

*Medication Name*

*Dosage*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What pharmacy do you use for prescription medications?**

\_\_\_\_\_

**Are you currently receiving care from any other doctors, chiropractors, or other health care professionals? If yes, we would like to know whom so that we can coordinate your care:**

*Provider's name*

*Condition they are treating you for*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note dates of your most recent immunizations:**

*Approximate Date*

*Approximate Date*

Tetanus \_\_\_\_\_

Influenza \_\_\_\_\_

Pneumonia \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**If you have had any of the following tests done, please note when the tests was done and what the results were, if known:**

*Test*

*Approximate Date*

*Result*

Cholesterol \_\_\_\_\_

\_\_\_\_\_

Pap smear/pelvic \_\_\_\_\_

\_\_\_\_\_

Mammogram \_\_\_\_\_

\_\_\_\_\_

Blood in stool \_\_\_\_\_

\_\_\_\_\_

HIV \_\_\_\_\_

\_\_\_\_\_

Colonoscopy \_\_\_\_\_

\_\_\_\_\_

Hepatitis C \_\_\_\_\_

\_\_\_\_\_

## FAMILY HISTORY

Check any of the diseases that run in your family **and** please note who had it:

	None	Mother	Father	Sister	Brother	Grandmother (mother's)	Grandfather (mother's)	Grandmother (father's)	Grandfather (father's)	Child	Other (Please explain)
Alcoholism or Drug Use											
Cancer											
Cancer Type											
Diabetes											
Heart Disease											
High Blood Pressure											
High Cholesterol											
Osteoporosis											
Mental Illness											
Stroke											
Thyroid Disease											
Other											

**Other Comments:**

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## HEALTH HABITS

Do you smoke or use any tobacco products?..... Yes      No      Quit

If Yes: Number of cigarettes each day? \_\_\_\_\_

For how many years? \_\_\_\_\_

Other forms of tobacco used? \_\_\_\_\_

Do you drink alcohol?..... Yes      No      Quit

How much? \_\_\_\_\_

How often? \_\_\_\_\_

Have you ever felt that you should cut down on your drinking?..... Yes      No

Have you regularly used other drugs?..... Yes      No

If yes, are you still using them?..... Yes      No



## PERSONAL HISTORY

- Are you currently married or living with a significant other?..... Yes No  
Who lives with you at home? \_\_\_\_\_  
Are you employed?..... Yes No  
If yes, what kind of work do you do? \_\_\_\_\_  
If no, is this by choice? \_\_\_ Disability? \_\_\_ Other reasons? \_\_\_\_\_  
Do you exercise more than 2 times per week?..... Yes No  
Do you often feel sad or depressed?..... Yes No  
Do you feel there is something seriously wrong with your body?..... Yes No  
Are you having money problems which limit your access to food, shelter or medical care? Yes No  
In the last year, have there been any major changes in your life like marriage, divorce, death of a family member or close friend, illness or injury, or change in job situation?..... Yes No  
Do you have some form of church or spiritual support? ..... Yes No

## SEXUAL HISTORY

- Are you sexually active? .....  
Yes No  
With: Men Women Both  
Do you feel you are at risk for HIV/AIDS? ..... Yes No  
Do you have children? ..... Yes No  
How many children do you have? \_\_\_\_\_  
Do you use any form of birth control? ..... Yes No  
If yes, which type / brand? \_\_\_\_\_

## WOMEN ONLY

- Have you ever been pregnant? ..... Yes No  
If Yes How many times? \_\_\_\_\_  
How many miscarriages? \_\_\_\_\_ How many abortions? \_\_\_\_  
How many children do you have living? \_\_\_\_\_  
Do you have menstrual periods? ..... Yes No  
If no, at what age did they stop? \_\_\_\_\_  
If yes, are your periods regular? \_\_\_\_\_

## OTHER QUESTIONS FOR YOUR DOCTOR:

