

Learner 2 Completed Writing Task

MEDICAL INTAKE FORM

Fill in the form and return to the receptionist. Please print clearly

A. PERSONAL INFORMATION (11pts)

| | | | |
|----------------------------------------------------|--|------------------------------------------------|---------------------|
| Patient's Name*: <i>Fahad</i> | | Today's Date: <i>Nov 4, 2015</i> | |
| Address: <i>222 Samson Way NE</i> | | Home phone number: _____ | |
| Alberta Health Number: <i>44444 - 4444</i> | | Cell phone number: <i>(403) 222-7666</i> | |
| Date of Birth: | | Age: <i>54</i> | Sex: <i>Male</i> |
| Job/Occupation: <i>Cleaner</i> | | Marital Status: <i>DG's Cleaning Servis</i> | |
| B. What is the reason for your visit today? (1 pt) | | <i>Backache</i> | |

C. PERSONAL HEALTH (4pts)

| | |
|--------------------------------------|---------------------------|
| What medical conditions do you have? | <i>Midean</i> |
| What allergies do you have? | <i>No</i> |
| List all medications you take | <i>Advil 250 mg 2/day</i> |
| List all surgeries you have had | <i>No</i> |

CLB 3 STOP HERE.

CLB 4 – PLEASE ANSWER THE FOLLOWING QUESTIONS.

D. FAMILY HISTORY (4 pts)

| | <i>If living:</i> | | <i>If deceased (not living)</i> | |
|--------|-------------------|-------------------------------|---------------------------------|-------------------------------|
| | <i>Age</i> | <i>any Medical Conditions</i> | <i>Age when died</i> | <i>any Medical Conditions</i> |
| Mother | <i>70</i> | <i>High BP</i> | | |
| Father | <i>76</i> | <i>Diabetes</i> | | |

*personal information changed to protect privacy

Writing Task Assessment Tool

| Name | CLB Level | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Fahad | 4 | |
| <p>CLB 3-4 Writing Assessment Task: Fill out an intake form at a walk-in medical clinic. Please fill out the medical form given to you by your instructor. Remember to follow what you have learned in class about filling in forms clearly, neatly and legibly. CLB 3 learners will fill out Parts A, B and C. CLB 4 Learners will fill out Part A, B, C, and D.</p> <p>Competencies: Getting Things Done</p> | | |
| | Meets | Not Yet |
| CRITERIA CLB 3 & 4: | | |
| Includes information in ALL parts and the information is in the correct place CLB 3 = 12/16 CLB 4 = 16/20 <i>17/20</i> | ✓ | |
| Printing is neat and clear | ✓ | |
| Addresses, phone numbers, punctuation uses correct conventions in Personal Information section CLB 3: 2-3 errors CLB 4: 1-2 errors | ✓ | |
| Spells common words correctly CLB 3: up to 3 errors CLB 4: up to 2 errors | ✓ | |
| Keep Doing: <i>Writing clearly.</i> <i>Using a line in a blank when there is no information</i> <i>– like Home phone number</i> | Please Look At: <i>Please correct the circled errors and show me.</i> <i>Remember to check each box before it is handed in.</i> | |

Task Success for CLB 3 and 4: Meets task expectations on all items

YES

NOT YET