

## Focus Beyond Transition Services Medical Interview

1. Hi my name is (first and last, spell if not understood)
2. My birthdate is (include the year)
3. I am \_\_\_\_\_ years old.
4. I feel \_\_\_\_\_ (sick, pain, ache, nauseous, dizzy, etc)
5. Label the body part and right or left side
6. Time: when did it start? Yesterday, last week, last month, this morning, etc.

What do you need to help you communicate?

I use a device.

I need extra time.

I need it to be quiet.

I need help understanding.

I need an interpreter or other support person.

What can you say if you don't understand?

Please explain it to me.

Please tell me again.

Can you show me?

Can you write it down?

Can I take a picture?

Developed by:

Focus Beyond SLP and Nursing Teams

St. Paul Public Schools