

# **HEALTH CARE**

(English/Spanish)

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**HEALTH CARE WORKERS—TRABAJADORES DEL CUIDADO DE SALUD**

**DOCTOR— PRIMARY DOCTOR—GENERAL DOCTOR**  
**NURSE—ENFERMERA**  
**DENTIST**  
**OPTOMETRIST (EYE GLASSES / LENTES)**  
**THERAPIST— TERAPEUTA**  
 (PHYSICAL THERAPIST—FISICOTERAPEUTA  
 OCCUPATIONAL THERAPIST—TERAPEUTA OCUPACIONAL  
**PARAMEDIC— PARAMEDICO (EMERGENCY TRANSPORT)**  
**PSYCHOLOGIST (SICOLOGO—NO ES DOCTOR MEDICO)**  
**SURGEON—CIRUJANO**  
 MEDICAL TECHNICIAN—X-RAY TECNICIAN; TECNICO DE  
 X-RAY—RADIOGRAFIA  
 CAT SCAN—TOMOGRAFIA  
 MRI— IMAGEN DE RESONANCIA MAGNETICA

**SOME SPECIALTIES—ALGUNAS ESPECIALIDADES**

**PEDIATRICIAN (CHILDREN'S DOCTOR / DOCTOR DE NIÑOS)**  
**EMERGENCY ROOM DOCTOR—(DE SALA DE EMERGENCIA)**  
**EYE DOCTOR / OPHTHALMOLOGIST (OJOS)**  
**EAR / NOSE / THROAT DOCTOR**  
**GASTROENTEROLOGIST (GI) (STOMACH/ESTOMAGO)**  
**NEUROLOGIST (NERVES/NERVIOS)**  
**NEPHROLOGY (KIDNEY / RINON)**  
**ORTHOPEDIC DOCTOR (BONES / HUESOS)**  
**PSYCHIATRIST (SIQUIATRA)**  
**PULMONOLOGIST (LUNGS / PULMONES)**  
**GYNECOLOGIST (GINECOLOGO) / OBSTETRICIAN (OBSTETRA)**  
**ONCOLOGIST (CANCER SPECIALIST)**  
**BLOOD TEST / URINE TEST (EXAMEN DE SANGRE / DE ORINA)**



**CALL THE DOCTOR:**

**I NEED TO SEE THE DOCTOR.** (Yo necesito ver al doctor)

**I NEED AN APPOINTMENT.** (Yo necesito una cita) / **I NEED TO MAKE AN APPOINTMENT** (Yo necesito hacer una cita)

**I AM SICK. MY HUSBAND IS SICK. MY SON IS SICK. MY DAUGHTER IS SICK.**

**(MY CHILDREN ARE SICK = MIS HIJOS ESTAN ENFERMOS.)**

**SER/ ESTAR**

? **I AM**  
(Yo soy/estoy)

? **YOU ARE**  
(Tu eres/estas)

**HE IS**  
(El es / esta)

? **SHE IS**  
(Ella es / esta)

**IT IS**  
(algo) es/ esta)

**WE ARE**  
(Nosotros somos/estamos)

**YOU ARE**  
(Ustedes son/están)

? **THEY ARE**  
(Ellos son/están)



**OR**  
**Nauseous**  
(por el estomago)

**TENER**

? **I HAVE**  
(Yo tengo)

(DO) **YOU HAVE**  
(Tu tienes)

**HE HAS**  
(El tiene)

(DOES) **SHE HAS** (HAVE)  
(Ella tiene)

**IT HAS**  
(algo) tiene

**WE HAVE**  
(Nosotros tenemos)

(DO) **YOU HAVE**  
(Ustedes tienen)

**THEY HAVE**  
(Ellos tienen)



**A COLD**  
UN RESFRIADO  
**THE FLU**  
LA GRIPE



**A FEVER**  
UNA FIEBRE



**A HEADACHE**  
UN DOLOR DE



**A BACKACHE**  
UN DOLOR DE ESPALDA



**A STOMACHACHE**  
UN DOLOR DE

# A VISIT TO THE DOCTOR

ACTION WORDS (VERBS): **HAVE—TAKE—NEED**

QUESTIONS: **DO YOU HAVE ....? DO YOU NEED.....? / DOES HE HAVE / DOES SHE HAVE**  
**NO. I DON'T HAVE.... I DON'T NEED... / HE DOESN'T HAVE .... / SHE DOESN'T HAVE...**

DOCTOR = D                  PATIENT = P

D: What is the problem?        (Cual es el problema?)

P: I **have** high blood pressure (alta presión)

D: What are your symptoms?        (Cuales son tus síntomas?)

P: I **have** a headache and I **feel** dizzy.

D: *How long have you had it?*        *Cuanto tiempo (desde cuando) lo has tenido?*

P: I have **had** high blood pressure *since 1990* .

I have **had** it for 10 years.

D: **DO You take** any medication for it?        Q?: *DO you take?* (use DO w/ a simple action verb)

P: Yes, I **take** \_\_\_\_\_.

No, I **don't take** any medicine.

Negative: I **don't take**

He **doesn't take** .... / She **doesn't take**....

D: *How often do you take your medication?*        (Con que frecuencia **tomas** tu medicina?)

P: I **take** my medicine ..... **once** a day        =**una vez** al día

But it **doesn't help**.        (Pero no me ayuda)

D: You **need to take it twice** a day        =**dos veces** al día

**DON'T TAKE THIS** on an empty stomach.

P: I **need** a prescription.        Yo necesito una receta medica.

**NOW:**        Use the verb BE (I am, You are, He is, She is, It is, We are, They are) with \_\_\_\_\_ - ING.

Are you allergic to any medications?    Yes, I am allergic to \_\_\_\_\_        / No, I'm not.

Or: **Are you taking** any medication for it?        Q: **Are you taking?** (w/ word ending in -ing) —NOW

P: Yes, I **am taking** \_\_\_\_\_.

Yes, I am. No, I am not. (No, I'm not).

No, I **am not taking** any medicine..

I'm **not taking** anything

## PRACTICE: A VISIT TO THE DOCTOR

DOCTOR = D

PATIENT = P

D: What is the problem? (Cual es el problema?)

P: I have \_\_\_\_\_.

D: What are your symptoms?

P: I feel \_\_\_\_\_.

D: How long have you had it?

*Cuanto tiempo (desde cuando) lo has tenido?*

P: I have had it *since 1990*. (*desde 1990*)  
*for 10 years*. (por 10 años)  
*for many years*. (por muchos años)  
*for a long time*. (por mucho tiempo)

D: DO You take any medication for it?

*Question ?: DO you take? (use DO w/ a simple verb)*

P: Yes, I take \_\_\_\_\_.

No, I don't take any medicine.

D: How often do you take your medication?

*(Con que frecuencia tomas tu medicina?)*

P: I take it ... *once a day* = *una vez* al dia  
*twice a day* = *dos veces* al dia  
Three times a day = tres veces al dia

D: You need to take it *twice* a day.

DON'T TAKE THIS on an empty stomach.

P: I need a prescription.

Ailment: You have high blood pressure

Duration: You have had it for 2 months.

Previous Medication: You don't take medication for it.

Ailment: You have the flu.

Duration: Two days.

Previous Medication: You took some aspirin.

Ailment: You have indigestion.

Duration: You have had it for three weeks.

Previous Medication: You take some ant-acid but it hasn't helped.

Ailment: You have diarrhea.

Duration: You have had it for three days.

Previous Medication: You are taking something you bought at the drugstore, but they don't help.

Ailment: You have a sore throat

Duration: You have had it for two days.

Previous Medication: You are taking throat lozenges (throat candies).

Ailment: You have a bad cut.

Duration: You cut my hand this morning.

Previous Medication: None.



## MEDICAL VOCABULARY

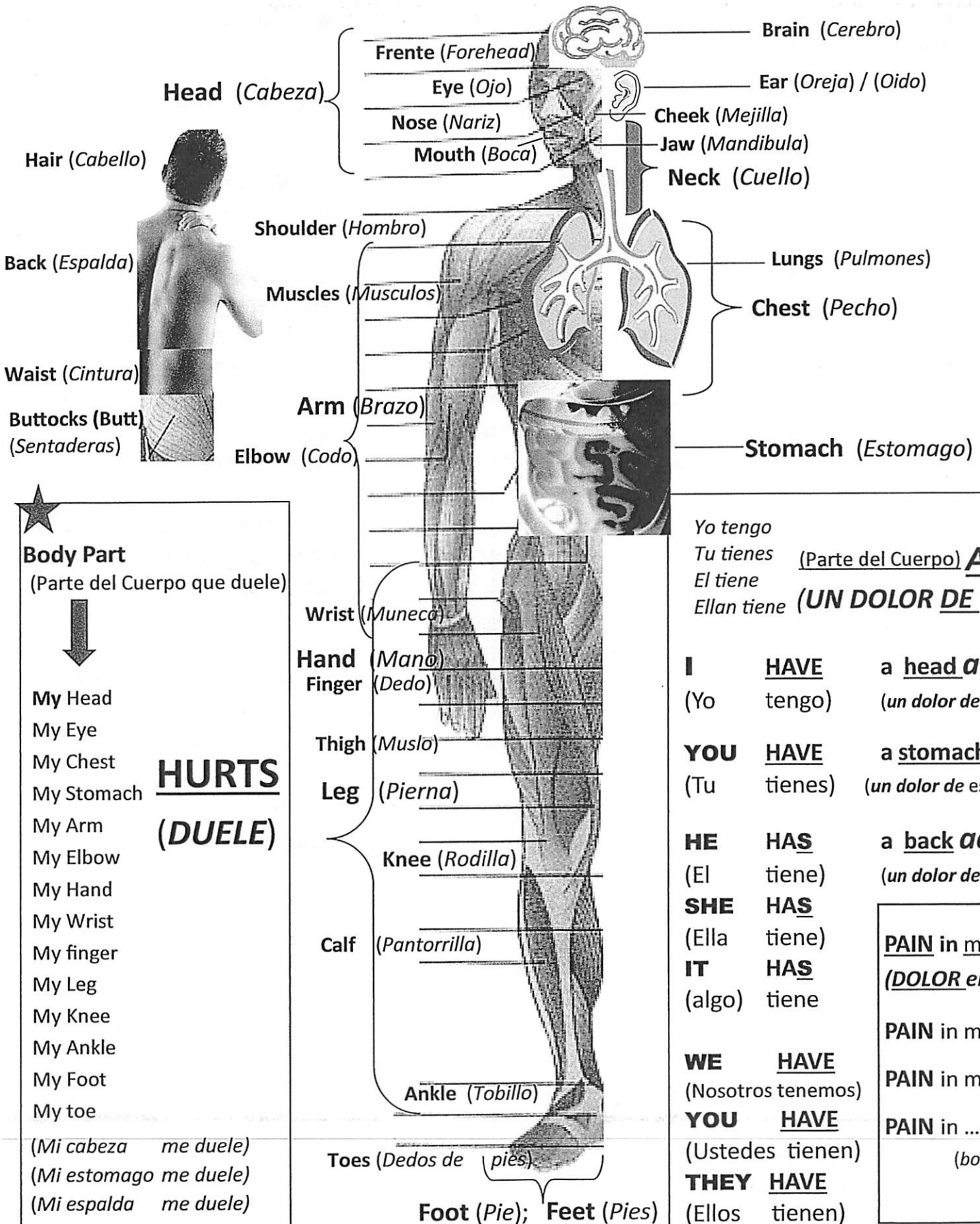
<b>HUSBAND</b> ( <i>Esposo</i> )	I need an <b>appointment</b> with <u>the doctor</u> . ( <i>Necesito una <u>cita</u> con el doctor</i> )
<b>WIFE</b> ( <i>Esposa</i> )	Are you <b>pregnant</b> ? ( <i>Estás tu <u>embarazada</u>?</i> ) Yes, I am. ( <i>Si, estoy.</i> )
<b>CHILD</b> ( <i>Hijo o Hija</i> )	Do <b>you have insurance</b> ? ( <i>Tienes <u>seguro médico</u>?</i> )
<b>CHILDREN</b> ( <i>Hijos</i> )	I <b>have</b> Medicare. ( <i>Yo <u>tengo</u> Medicare</i> )
<b>SON</b> ( <i>Hijo</i> )	You <b>need</b> to go to the <b>emergency room</b> . ( <i>Tienes que ir a la <u>sala de urgencia</u>.</i> )
<b>DAUGHTER</b> ( <i>Hija</i> )	You need to <b>fill out</b> these forms. ( <i>Tienes que <u>llenar</u> estas formas.</i> )

<b>DOCTOR / PHYSICIAN</b> (MD)	My <b>doctor's name is</b> Dr. John Smith. ( <i>El <u>nombre de mi doctor</u> es ...= Mi doctor se llama..</i> )
<b>NURSE</b> ( <i>Enfermera</i> )	The <b>nurse</b> will <b>ask</b> you some <b>questions</b> . ( <i>La <u>enfermera</u> te <u>hara</u> algunas <u>preguntas</u>.</i> )
<b>WEIGHT</b> ( <i>Peso</i> ) / <b>WEIGH</b>	What is your <b>weight</b> ? ( <i>¿Cuál es tu <u>peso</u>?</i> ) How much do you <b>weigh</b> ? ( <i>Cuanto <u>pesas</u>?</i> )
<b>CHECK UP</b> ( <i>Examen Físico</i> )	You need a <b>check-up</b> . ( <i>Necesitas un <u>examen físico</u>.</i> )
<b>TEST</b> ( <i>Examen</i> )	You need a <b>blood test</b> and a <b>urine test</b> . ( <i>Necesitas un <u>examen</u> de sangre y de orina.</i> )
<b>FEEL</b> ( <i>Sentirse</i> )	How <b>do you feel</b> ? ( <i>Como te <u>sientes</u>?</i> ) / I <b>feel well</b> . ( <i>Me siento bien</i> )
<b>WELL</b> ( <i>Bien</i> )	I <b>feel sick</b> . ( <i>Me siento enfermo/a</i> ) / I <b>don't feel well</b> . ( <i><u>NO</u> me <u>siento bien</u>.</i> )
<b>SICK</b> ( <i>Enfermo/a</i> )	Are you <b>sick</b> ? ( <i>¿Estas enfermo?</i> ) I am very <b>sick</b> . ( <i>Estoy muy enfermo/a</i> )
<b>ILLNESS</b> ( <i>Enfermedad</i> )	You have a common <b>illness</b> . ( <i>Tienes una <u>enfermedad</u> comun</i> ) ( <i>una <u>condición</u> común</i> )
<b>DISEASE / SICKNESS</b>	You have a <b>serious disease</b> . ( <i>Tienes una <u>enfermedad</u> grave</i> )
<b>CONTAGIOUS</b> ( <i>Contagioso</i> )	You have a <b>contagious</b> disease. ( <i>Tienes una <u>enfermedad</u> contagiosa.</i> )
<b>ANTIBIOTIC</b> ( <i>Antibiótico</i> )	You need antibiotics for your infection. ( <i>Tú <u>necesitas</u> antibióticos para la <u>infección</u>.</i> )
<b>SHOT</b> ( <i>Inyección</i> )	Your child needs a <b>shot</b> of antibiotics. Your child <b>doesn't have measles</b> .
<b>INJECTION</b> ( <i>Inyección</i> )	( <i>Tu hijo <u>necesita</u> una <u>inyección</u> de antibióticos.</i> ) ( <i>Tu hijo <u>no tiene</u> <u>sarampión</u>.</i> )
<b>IMMUNIZATION</b> ( <i>Vacuna</i> )	Has <b>your child</b> had his <b>immunizations</b> ? ( <i>Tu hijo/a ha recibido sus <u>vacunas</u>?</i> )
<b>IMMUNIZATION RECORD</b> ( <i>Historial de vacunas</i> )	Do you have the <b>immunization record</b> ? ( <i>Tienes un <u>historial</u> de <u>vacunas</u>.</i> )
<b>ALLERGIES</b> ( <i>Alergias</i> )	I have food <b>allergies</b> . ( <i>Yo <u>tengo</u> <u>alergias</u> a ciertas comidas.</i> )
<b>ALLERGIC</b> ( <i>Alérgico/a</i> )	I am <b>allergic</b> to fish and penicillin. ( <i>Soy <u>alérgico</u> al <u>pescado</u> y a la <u>penicilina</u>.</i> )
<b>PAIN</b> ( <i>Dolor</i> ) / <b>ACHE</b>	I have <b>pain</b> in my <b>back</b> . I have a <b>backache</b> . ( <i>Tengo un <u>dolor</u> de <u>espalda</u></i> )
<b>HURT</b> ( <i>Dolor</i> ) + ( <i>Lastimarse</i> )	My hand <b>hurts</b> . ( <i>Me <u>duele</u> la <u>mano</u>.</i> ) / I <b>hurt</b> my hand. ( <i>Me <u>lastime</u> la <u>mano</u>.</i> )
<b>INJURED</b> ( <i>Lastimado / Herido</i> )	I was <b>injured</b> at work. ( <i>Me <u>lastime</u> en el <u>trabajo</u></i> )
<b>INJURY</b> ( <i>Herida</i> )	You need to report your <b>injury</b> . ( <i>Necesitas <u>reportar</u> tu <u>herida</u></i> )
<b>OPEN WOUND</b> ( <i>Herida abierta</i> )	You have a deep <b>open wound</b> . ( <i>Tú <u>tienes</u> una <u>herida</u> <u>abierta</u> profunda</i> )
<b>BURN</b> ( <i>Quemadura/Quemarse</i> )	I <b>burned</b> my hand. ( <i>Me <u>queme</u> la <u>mano</u>.</i> ); <i>That's a bad burn.</i> ( <i>Esa es una quemadura grave.</i> )
<b>CUT</b> ( <i>Cortada</i> )	I <b>cut</b> my finger cooking. ( <i>Me <u>corte</u> el <u>dedo</u> <u>cocinando</u></i> )
<b>BANDAGE</b> ( <i>Venda; Vendaje</i> )	I only need a <b>bandage</b> . ( <i>Yo <u>solamente</u> <u>necesito</u> una <u>venda</u>.</i> ) / ( <i><u>Bandaid</u> = <u>Curita</u></i> )
<b>STICHES</b> ( <i>Puntos</i> )	You need <b>stiches</b> to close <u>the wound</u> . ( <i>Necesitas unos <u>puntos</u> para <u>cerrar</u> la <u>herida</u>.</i> )
<b>PRESCRIPTION</b> ( <i>Receta</i> )	You can <b>fill the prescription</b> at the pharmacy. ( <i>Puedes <u>llenar</u> la <u>receta</u> en la <u>farmacia</u></i> )
<b>DOSE</b> ( <i>Dosis</i> )	Take a small <b>dose</b> of this medicine. ( <i>Toma una <u>dosis</u> pequeña de esta <u>medicina</u>.</i> )
<b>WARNING</b> ( <i>Advertencia</i> )	Read the <b>warning</b> on the medicine bottle! ( <i>Lee la <u>advertencia</u> en la <u>botella</u>!</i> )
<b>LABEL</b> ( <i>Etiqueta</i> )	You must read the <b>warning</b> on the label! ( <i>Debes leer la <u>advertencia</u> en la <u>etiqueta</u>!</i> )
<b>EXPIRE</b> ( <i>Vencerse</i> )	You can't take this medicine! It <b>expired</b> . ( <i>No puedes tomar esta <u>medicina</u>! Esta <u>vencida</u>.</i> )
<b>EXPIRATION DATE</b>	You need to look at the <b>expiration date</b> . ( <i>Necesitas fijarte en la <u>fecha</u> de <u>vencimiento</u>.</i> )
<b>TREATMENT / FOLLOW UP APPOINTMENT</b>	—After you finish your <b>treatment</b> , you need a <b>follow up appointment</b> . ( <i>Después de que <u>termines</u> tu <u>tratamiento</u>, <u>necesitas</u> una <u>2a</u> <u>cita</u> para darte <u>seguimiento</u>.</i> )

# Body Parts (Partes del Cuerpo)

LEFT SIDE (Lado Izquierdo)

RIGHT SIDE (Lado Derecho)



★  
**Body Part**  
 (Parte del Cuerpo que duele)

↓

My Head  
 My Eye  
 My Chest  
 My Stomach  
 My Arm  
 My Elbow  
 My Hand  
 My Wrist  
 My finger  
 My Leg  
 My Knee  
 My Ankle  
 My Foot  
 My toe

**HURTS**  
**(DUELE)**

(Mi cabeza me duele)  
 (Mi estomago me duele)  
 (Mi espalda me duele)

Yo tengo  
 Tu tienes (Parte del Cuerpo) **ACHE**  
 El tiene  
 Ellan tiene (**UN DOLOR DE . . . .**)

**I HAVE a head ache**  
 (Yo tengo (un dolor de cabeza)

**YOU HAVE a stomach ache**  
 (Tu tienes (un dolor de estomago)

**HE HAS a back ache**  
 (El tiene (un dolor de espalda)

**SHE HAS**  
 (Ella tiene)

**IT HAS**  
 (algo) tiene

**WE HAVE**  
 (Nosotros tenemos)

**YOU HAVE**  
 (Ustedes tienen)

**THEY HAVE**  
 (Ellos tienen)

**PAIN in my back**  
**(DOLOR en mi...)**

**PAIN in my leg**

**PAIN in my knee**

**PAIN in .....**  
 (body part )

# HOW TO READ PRESCRIPTION LABELS

## COMO LEER ETIQUETAS DE BOTELLAS DE MEDICINA (RECETAS MÉDICAS)

A national study showed that one-third of patients (1/3 = 100 out of 300 patients) did not realize that "two tablets by mouth twice daily" meant taking four pills in a 24-hour period.

Questions you need to ask your doctor: (Preguntas que debe hacerle a su doctor)

- How much** should I take? (Cuanto debo tomar)
- When** should I take my medicine? (Cuando debo tomar mi medicine)
- How often** should I take the medicine? (Cuantas veces (al dia) debo de tomar la medicina?)
- When can I stop** taking the medication? (Cuando puedo dejar de tomar la medicina?)

When you go to the pharmacy say:  
**I need to fill this prescription.**  
Quiero llenar esta receta.

### Name of the Medicine.

What is the name of the medicine?

My medicine is called \_\_\_\_\_.

### DOSE.

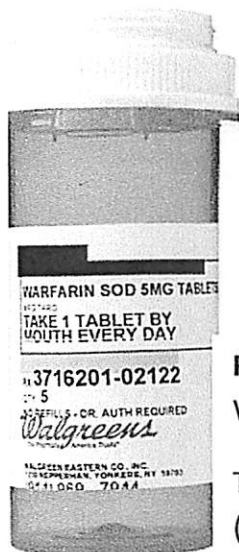
Milligrams:

How many milligrams?

**How many pills (tablets) do I need to take?**

Take \_\_\_ tablet by mouth every \_\_\_\_.

You need to take one \_\_\_\_\_ every \_\_\_\_.



Pill (pastille) = small, round  
Tablet (tableta) = long, solid  
Capsule (capsula) = a small gelatin container w/  
medicine inside.

Is this medicine a pill or a tablet or a capsule?

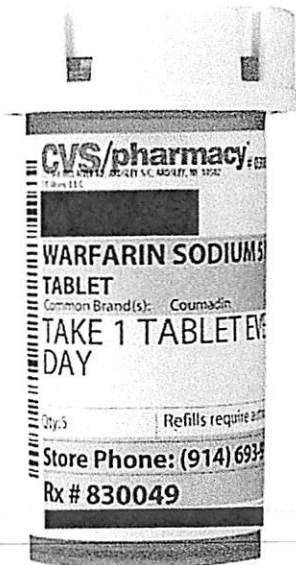
It is a \_\_\_\_\_.

**RX = Prescription.** RX number = Prescription number  
What is the Prescription number?

The prescription number is \_\_\_\_\_.  
(You only need to say the first numbers.)

The prescription number is the first numbers *before* "-".

The store number is the 5 numbers *after* the hyphen (-).



**Refill – Another bottle of medicine after you finish it.**

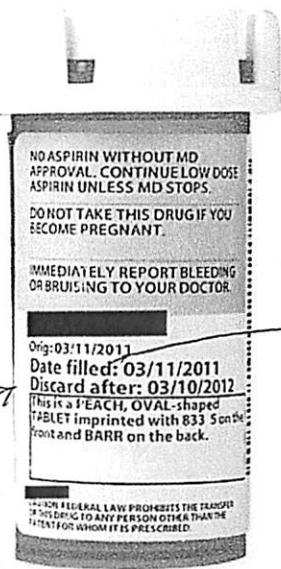
**Can I get a refill?**  
(Me pueden llenar de nuevo la receta?)

No Refills. Doctor's Authorization required.  
Sin relleno(s). Se require la autorización del doctor.

What are the possible side effects?

What foods, supplements or vitamins are bad to take with this medicine?.

Can I drink alcohol with this medicine?



*Date filled  
Fecha en que se surtió la receta*

*Discard  
Desechar*