

## A Physical Examination

### Conversation

Doctor: When did you last come in for a physical exam?

Patient: I had my last physical two years ago.

Doctor: Have you had any other exams recently? Blood work, an EKG or an ultra-sound?

Patient: Well, I had a few X-rays at the dentist's.

Doctor: How have you been feeling in general?

Patient: Pretty well. No complaints, really.

Doctor: Could you roll up your left sleeve? I'd like to take your blood pressure.

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a hamburger from time to time, but generally I have well-balanced meals.

Doctor: That's good. Now, I'm going to listen to your heart.

Patient: Ooh, that's cold!

Doctor: Don't worry it's just my stethoscope. Now, breathe in and hold your breath. Please pull up your shirt, and breathe deeply... Everything sounds good. Let's take a look at your throat. Please open wide and say 'ah'.

Patient: 'ah'

Doctor: OK. Everything looks ship shape. I'm going to order some blood work and that's about it. Take this slip to the front desk and they'll arrange an appointment for the tests.

Patient: Thank you doctor. Have a nice day.

## Key Vocabulary

physical examination (exam)	stethoscope
blood work	to breath in
EKG	to hold one's breath
ultra-sound	to pull on one's shirt
x-rays	to breathe deeply
to roll up sleeves	to open wide
overweight - underweight	to look ship shape
to exercise regularly	slip
balanced diet	front desk
well-balanced meals	to arrange an appointment

## Dialogue Quiz

Choose the correct answer to these questions based on the dialogue. Each question has only one correct answer.

Q: When did the patient have his last physical exam?

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Q: How has the patient's health been in general?

- a. Poor
- b. Fine

Q: Which might be a problem for the patient according to the physical exam?

- a. Weight
- b. Lack of exercise
- c. High blood pressure

Q: Which action bothers the patient a little?

- a. The use of the stethoscope
- b. Taking his blood pressure
- c. Taking a look at his throat

Q: What does the doctor ask him to do?

- a. Lose weight
- b. Take a ship
- c. Have some blood work done

## Reading & Discussion

A Word with the DOCTOR

By: Dr. John Winsor

What to tell the doctor

DO YOU get **tongue-tied** at the doctor's? Do you dry up when you enter the consulting room? What do you say when you sit down by the doctor's desk?

Doctors have a similar problem: what to say to patients. To start the consultation with "How are you?" is just no use. Whenever I've tried that **opening gambit**, "very well, thank you" has been

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Mr. Smith: What can I do for you? Even this goes wrong sometimes, but at least it leads to fewer hiccups getting the consultative ball going backwards and forwards, from patient to doctor.

Many times, just as I think I've successfully sorted out their problem, my patient produces another one, like a magician bringing rabbits out of a hat, but these are different animals each time! At the rate medical matters can be solved, only a couple of them can be discussed before the consultation runs out of time; and I'm conscious that there are others waiting their turn, and getting worked up about their chat with the doctor.

**Dilemma**. What to do now? If I **curtail** the consultation abruptly, my patient will feel that they have had a raw deal, and that the doctor doesn't care, or isn't interested.

So, be honest with your doctor. Tell him you've got more than one worry, and ask if he can deal with them at that time. If not,

offer to come back again when he has more time, and could give you a double appointment.

That's how I often get over this consultation **hurdle** - by **sizing up** the problems presented, **tackling** the most important, and then suggesting that the others can be dealt with in depth later.

Time also needs to be set aside to find out whether the advice has been understood. It has been calculated that a patient only remembers a third of what has been said in the surgery, and there's no knowing if it's the important third either. If you don't understand something, say so rather than get the wrong end of the stick, and start worrying over nothing.

Lastly, there is the door-knob situation. The patient talks about a seemingly minor problem. The doctor deals with it, and the consultation ends. The patient reaches the door and turns, saying "Oh, by the way, doctor - I've got a discharge." This starts the consultation all over again.

Don't be shy. Get talking about what is worrying you most as soon as you've sat down and said "Good morning". Try not to get embarrassed; doctors are trained to talk about **delicate** matters. Don't be afraid to voice your fears. After you've let them out they won't seem half so bad, and you'll have got the best out of your chat in the surgery.

## Vocabulary

- **tongue-tied** - unable to express yourself clearly or fluently, especially with embarrassment or shyness
- **opening gambit** - A remark intended to open a conversation
- **Dilemma** - a position or situation giving two choices, neither pleasant
- **Curtail** – to cut short; shorten
- **Hurdle** – barrier
- **size up** - To make an estimate, opinion, or judgment of
- **tackle** - To engage or deal with ( tackle a perplexing problem)
- **delicate** - difficult to handle; requiring great tact and diplomacy

Reference:

<http://esl.about.com>

<http://www.englishmed.com/>