



LANGUAGE TOOLKIT: SPANISH (ESPAÑOL)

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Medical History-Taking Template

Introduction:

- Hello, my name is ____ and I am a first/second/third/fourth year medical student at ____.
 - *Hola, me llamo ____ y yo soy un estudiante de medicina en mi primer/segundo/tercer/cuarto año en ____*
- How would you like to be addressed?
 - *¿Cómo le gustaría que le llame?*
- I'm going to ask you some questions about why you're here today, is that okay?
 - *Le voy hacer unas preguntas sobre lo que le trae aquí, ¿está bien?*

Presenting Complaint:

- What's brought you into the hospital/clinic today?
 - *¿Porqué viene hoy al hospital?*

History of Presenting Illness:

- Onset:
 - What were you doing when the pain started?
 - *¿Que estaba haciendo cuando le comenzó el dolor?*
 - Did it start suddenly, gradually, or is it a chronic issue?
 - *¿Comenzó de repente, gradualmente, o es un problema crónico?*
- Provocation/palliation:
 - Does anything make the pain better or worse?
 - *¿Que le alivia el dolor? ¿Que le empeora el dolor?*

- Is it worse with movement?
 - *¿Se empeora con el movimiento?*
- Does the pain resolve with rest?
 - *¿Se mejora con el descanso?*
- Quality:
 - Can you describe the pain to me?
 - *¿Me puede describir el dolor?*
 - Is it sharp or dull? Is it constant or intermittent?
 - *¿Es agudo o sordo? ¿Es constante o intermitente?*
- Region/radiation:
 - Can you point to where it hurts the most?
 - *¿Puede señalarme dónde le duele más?*
 - Does the pain radiate anywhere else?
 - *¿Se le irradia o va el dolor a otro lugar?*
- Severity:
 - On a scale of 1 to 10, with 10 being the worst pain you've ever experienced, how bad is the pain?
 - *En una escala de uno a diez, diez siendo el peor dolor que usted haya tenido, y uno el más suave, ¿que valor le daría al dolor que tiene ahora?*
- Time:
 - How long has this been going on for?
 - *¿Desde cuando tiene el dolor?*
 - How has the pain changed over time?
 - *¿Le ha cambiado el dolor con el tiempo?*
 - Has this happened in the past?
 - *¿Le ha pasado antes?*

Lived Experience of Illness (FIFE):

- Feelings:
 - How has this illness made you feel?
 - *¿Cómo se siente con esta enfermedad?*
 - What fears or worries do you have about this?
 - *¿Cuál es su preocupación? ¿Siente miedo?*
- Ideas:
 - What do you think has been causing your pain or illness?
 - *¿Cree usted que algo le ha causado el dolor o la enfermedad?*
- Function:
 - How has this affected your day-to-day activities?
 - *¿Cómo le afecta su actividad diaria?*
 - What has this illness prevented you from doing?
 - *¿Qué le impide hacer su enfermedad?*
 - What are your goals for what you'd like to be able to do?
 - *¿Que le gustaría hacer a pesar del dolor o enfermedad?*

- Expectations:
 - What would you like to get out of today's visit?
 - *¿Cómo cree usted que le podemos ayudar en esta cita médica?*
 - What are your expectations moving forward?
 - *¿Cuales son su expectativas a partir de ahora?*
 - What are your thoughts about the treatment plan?
 - *¿Qué piensa del plan de tratamiento?*

Past Medical History:

- What are your current medical conditions?
 - *¿Cuál es su condición médica?*
- Have you had any previous surgeries?
 - *¿Ha tenido cirugías?*
- Have you had any previous hospital visits?
 - *¿Lo han hospitalizado antes?*
- Do you have a history of hypertension, high cholesterol, or diabetes?
 - *¿Tiene o ha tenido hipertensión, el colesterol elevado, o diabetes?*
- Have you seen any medical specialists in the past?
 - *¿Ha ido al médico antes? ¿Lo está viendo algún especialista?*

Medication History:

- Which medications are you currently taking?
 - *¿Que medicamentos esta tomando?*
- Are you using any over-the-counter medications, herbal remedies, or supplements?
 - *¿Está tomando alguna medicina sin prescripción? ¿Hierbas o suplementos dietéticos?*

Allergies:

- Do you have any allergies to any medications?
 - *¿Tiene alergias a algún medicamento?*
- How have you reacted to these medications?
 - *¿Cuál reacción tuvo a ese medicamento?*
- Do you have any food or latex allergies?
 - *¿Tiene alergias a alguna comida o al látex?*

Family History:

- Are there any medical conditions that run in your family?
 - *¿Sabe de miembros de su familia que sufran o hayan sufrido de alguna enfermedad en particular?*
- What is your ethnicity?
 - *¿A que raza pertenece usted?*
- Are your parents still with us? How's their health?
 - *Sus padres, ¿están vivos? ¿Cómo es o fué su salud?*

- Do you have any siblings? How's their health?
 - *¿Tiene hermanos? ¿Cómo es o fué su salud?*
- Do you have any children? How's their health?
 - *¿Tiene hijos? ¿Cómo es o fué su salud?*

Social History:

- Where is home for you? Do you live in a house, apartment or townhouse?
 - *¿Donde vive? ¿Vive en casa, apartamento?*
- Who lives at home with you?
 - *¿Quien vive con usted?*
- Do you have any pets?
 - *¿Tiene mascotas?*
- What is your occupation?
 - *¿En qué trabaja?*
- Are you currently married?
 - *¿Está casada(o)?*
- Have you ever smoked?
 - *¿Ha fumado?*
 - How many years have you been smoking?
 - *¿Desde cuando fuma?*
 - How many packs do you smoke per day?
 - *¿Cuántos paquetes se fuma al día?*
 - When did you quit smoking?
 - *¿Cuando dejó de fumar?*
- Have you ever tried any recreational drugs, including marijuana?
 - *¿Ha probado otras drogas, incluyendo la marijuana?*
- Do you drink any alcohol? How many drinks do you have per week?
 - *¿Toma alcol? ¿Cuantos vasos de bebida toma a la semana?*
- How is your diet?
 - *¿Cuál es su dieta? ¿En qué consiste?*
- How much physical activity do you have per week?
 - *¿Cuánta actividad física hace en la semana?*
- What sorts of activities do you enjoy?
 - *¿Qué actividades le gusta hacer?*

Closing:

- Thank you for taking the time to answer these questions.
 - *Muchisimas gracias por su tiempo y sus respuestas a mis preguntas*
- Do you have any questions for me or is there anything you would like to add?
 - *¿Tiene usted alguna pregunta o hay otra cosa que me quisiera decir?*
- I will now be moving on to the physical exam, if that is okay with you.
 - *Ahora, continuaré con el examen físico si me lo permite.*