FILL IN THE BLANKS WITH THE FOLLOWING WORDS: FEVER - SYMPTOMS - APPOINTMENT- DOCTOR- PATIENT-HEADACHE-STOMACH ACHE THROAT -ACHES -DIZZY- DRINK- FLU-BODY-HEAD

1.	1. Doctor, I think I have the flu. I have a	and a	ñ <i>ñ√</i>	in a s erfren
	And I have been coughing all day. I a	m also very	, so much that I th	ink I will fall down
2.	2. Good morning, do you have an	?		
	Yes, I do. I need to meet with the	at 10:30 ·		
	Are you a regular of t	he doctors?		
	No this is my first time here. Okay.			
3.	3. Hello, doctor. I am here because I feel	very sick. My	and my	huset
	r nave beensince_	. I could not get an		to coo voi:
	before today. I cannot eat or	anything and I thin	k I have the	
	Sure. What is your name? My name is Pedro. Thy do you want to see the doctor? Want feel warm and my body Ok. You have anne.			
	appointment. You will need to fill out s	ome forms	ase de nere 15 minui	es before your
	Thank You. Good bye.	t to the selection of the		
	1. WHAT IS YOUR NAME?	LL BE ASKED WHEN Y	OU GO TO THE DOC	TOR:
	2. WHAT IS YOUR ADDRESS?	¥		
	3. WHAT IS YOUR PHONE NUMBE			
	4. WHAT IS YOUR DATE OF BIRTI			
	5. WHAT ARE YOUR SYMPTOMS?6. ARE YOU A NEW PATIENT?		1	
	7. WHEN CAN YOU SEE THE DOC	•		
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8. WHAT OTHER ILLNESSES HAVE YOU HAD?9. WHAT MEDICATIONS ARE YOU TAKING?

10. DO YOU HAVE INSURANCE?