

CLB 3 / 4

SURVIVAL ENGLISH

HEALTH AND WELLNESS

SAFE HAVEN EMPLOYMENT ENGLISH PROGRAM WRITING

Filling out Medical Forms



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SAFE HAVEN EMPLOYMENT ENGLISH PROGRAM

Filling out Medical Forms

TASK OBJECTIVE

Learners will be able to **fill out** a basic **medical form** for themselves.

CLB INDICATORS OF ABILITY FOR ASSESSMENT & TASK CONDITIONS

CLB 3 – III

Getting Things Done

Complete short, simple forms that require basic personal or familiar information and some responses to simple questions. (Forms contain about 12 to 15 items, and have clear labels and areas in which to write)

- Includes the required basic information with no major omissions
- Follows appropriate conventions for addresses, telephone numbers, etc.
- Follows most spelling conventions
- Writes legibly

Profile of Ability

Write simple sentences about familiar information related to personal experiences and everyday situations.

Feature(s) of Communication

- Limited to everyday words and phrases
- Intended for a highly supportive and familiar reader
- Very short
- In non-demanding contexts

CLB INDICATORS OF ABILITY FOR ASSESSMENT & TASK CONDITIONS (CONT.)

CLB 4 – III

Getting things Done

Complete simple forms that require basic personal or familiar information and some responses to simple questions. (Forms contain about 15 to 20 items and have clear labels and areas in which to write.)

- Includes the required basic information with no major omissions
- Follows appropriate conventions for addresses, telephone numbers, etc.
- Follows spelling conventions
- Writes legibly

Profile of Ability

Write short, simple texts about personal experience and familiar topics or situations related to daily life and experience.

Feature(s) of Communication (CLB 3 & 4)

Grammatically and lexically simple; Intended for a supportive and familiar reader; Short; In non-demanding contexts

ASSESSMENT TASK

Fill out a medical history form at a walk-in clinic.

INSTRUCTOR NOTES

This task helps refugee claimants fill out forms and paperwork that may be required at a walk-in clinic or before seeing a medical professional.

Learning how to follow and properly fill out forms is an important skill. Completing paperwork may be mandatory before receiving an essential service such as seeing a doctor. Refugee claimants may need help with conventions for writing their address, email or telephone number. Being able to clearly answer questions about medical history or allergies is a fundamental skill in navigating the healthcare system.

STRATEGIES TO ADDRESS THE SAFE HAVEN CURRICULUM'S GUIDING PRINCIPLES

Universal Design for Learning

- **Embedded:** This task package helps strengthen writing skills that require the use of personal information. Some of these activities include different conventions for addresses, telephone numbers, and short answer questions found on medical forms.
- **Suggested:** Many of these activities can be adapted or expanded to include a variety of different types of appointments or medical situations. Students can work independently when using personal information. The teacher may create profile information cards, so learners do not have to share personal information, and can work together.

Trauma-informed Practices

- **Embedded:** Questions about previous medical care may trigger traumatic memories from students' previous lives and home countries, while questions about address/email may provoke feelings of anxiety about the future if they do not yet have a permanent place to live or have limited access to Wi-Fi or a computer. This package contains many opportunities for students to practice writing or learning how to respond to a question they may not yet have an answer to.
- **Suggested:** Introduce these questions carefully with an eye for student discomfort; consider making some questions optional.

Relevant Content

- **Embedded:** The tasks in this package will help develop core skills relevant to how to complete required paperwork to receive treatment.
- **Suggested:** Medical forms can be complex. Consider additional questions centred around personal information and medical history. Engage in discussions about the consequences of not fully filling out a form or not writing legibly. Many students may be filling out forms for their children or other family members. Consider re-doing the activities from this package for another member of their family.

STRATEGIES TO ADDRESS THE SAFE HAVEN CURRICULUM'S GUIDING PRINCIPLES (CONT.)

Community Engagement & Classroom Connections

- **Embedded:** The forms and questions in the package include common and practical places the learners will likely go, such as walk in clinics, dentist, and hospital.
- **Suggested:** Consider gathering real forms from local clinics. Consider a follow-up computer lab activity where students try filling out an online form or PDF document.

Accessibility

- **Embedded:** This task package involves scaffolding for learners who may not be familiar with navigating common medical forms in BC.
- **Suggested:** At CLB 3/4 real world forms may be too complex for some learners to complete alone. They may have challenges with directionality, spelling and legible writing. Extra activities to aid with clear and concise writing may be needed.

Inclusivity, Diversity & Unity

- **Embedded:** A variety of ethnic backgrounds and gender specific questions were included in the forms. This task package helps build essential skills for all regardless of gender or religion.
- **Suggested:** Consider adding additional questions that may arise for specific needs of gender-based health issues. The skills learned from completing these tasks can transfer to other common forms for services such as housing, school registration, and taxes.



Writing

CLB 3

Theme	Survival English - Health and Wellness
Task	Fill out a form at a walk-in clinic with your personal information and medical history.
Competency	III - Getting Things Done

Name: _____

Date: _____

	Holistic Your reader can...	Yes (2)	Not Yet (1)
*	Understand the form to process it.		
	Analytic You can...	Yes (2)	Not Yet (1)
*	Fill out the form and answer the questions. <i>Includes all the required basic information with no major omissions</i>		
	Write the address and telephone number in the correct format. <i>Follows appropriate conventions for address, telephone numbers, etc.</i>		
	Use correct spelling. <i>Follows most spelling conventions</i>		
	Write clearly. <i>Writes legibly</i>		

Total

_____ / 10



Writing

CLB 3

Continue

For next time

This task was **easy** / **so-so** / **difficult** for me, because...

Success = 70% including starred* criteria

Successful overall in this task?

Yes

Not yet



Writing

CLB 4

Theme	Survival English - Health and Wellness
Task	Fill out a form at a walk-in clinic with your personal information and medical history.
Competency	III - Getting Things Done

Name: _____

Date: _____

	Holistic Your reader can...	Yes (2)	Not Yet (1)
*	Understand the form to process it.		
	Analytic You can...	Yes (2)	Not Yet (1)
*	Fill out the form and answer the questions. <i>Includes all the required basic information with no major omissions</i>		
	Write the address and telephone number in the correct format. <i>Follows appropriate conventions for address, telephone numbers, etc.</i>		
	Use correct spelling. <i>Follows most spelling conventions</i>		
	Write clearly. <i>Writes legibly</i>		

Total

_____ / 10



Writing

CLB 4

Continue

For next time

This task was **easy** / **so-so** / **difficult** for me, because...

Success = 70% including starred* criteria

Successful overall in this task?

Yes

Not yet

Learner Self-Assessment of Task Criteria

Name: _____

I can fill out the whole form.	<input type="checkbox"/>
I can answer the questions.	<input type="checkbox"/>
I can write my address and telephone number in the correct format.	<input type="checkbox"/>
I can use correct spelling.	<input type="checkbox"/>
I can write clearly.	<input type="checkbox"/>

Introducing the Task

Warm up Activity: Ask the students what their experience is filling out medical forms since arriving in Canada. Give students time to write answers to the following questions, then discuss as a class.

1. What medical forms have you completed since arriving?
2. What was challenging about them?
3. What was easy?
4. What information did they ask for?
5. How do you find this information?
6. Who can you ask for help?
7. What are the different sections of a form?
8. What do you write if you don't have the information?
9. Do you have medical forms in your home country? How are they different from forms you have filled out in Canada?

Vocabulary List:

patient	marital status	medications
first name	date of birth (D.O.B.)	allergies
last name	insurance	N/A (non-applicable)
surname	emergency contact	phone number
middle name	relationship	address
middle initial	occupation	email address
gender	medical history	health concerns

Sample Activity 1: Vocabulary (Introducing the task)

Read the patient information cards. Copy the correct information to fill out the forms below.

Patient Information Card A

Last Name: Ahmad

First Name: Myriam **Middle Name:** Layla



D.O.B: July 1, 1991 **Gender:** Female **Marital Status:** Married

Phone number: 778-555-3378 **Email:** mlahmad91@mail4u.com

Address: 25-809 Fraser Drive, Vancouver, BC V7P 2L9

Occupation: Cleaner

Emergency contact: Hassan

Relationship: Husband

Phone number: 778-555-4533

Insurance: IFHP

Medications: N/A

Patient Intake Form A

First Name: Myriam _____: Layla

Last Name: _____ **Gender:** _____

Address: _____: Vancouver

_____: BC _____: V7P 2L9

Phone Number: _____: mlahmad91@mail4u.com

_____: **Month:** _____ **Day:** 1 **Year:** _____

_____: Cleaner

Emergency Contact: _____: Husband

Phone number: _____

Patient Information Card B

Last Name: Rodriguez

First Name: Carlos **Middle Name:** Santiago



D.O.B: January 11, 1989 **Gender:** Male **Marital Status:** Single

Phone number: 604-555-4647 **Email:** Csantiagorod82@geemail.com

Address: 11795 66th Ave, Surrey, BC V5H 9W1

Occupation: Line Cook

Emergency contact: Maria **Relationship:** Sister

Phone number: 236-555-1149

Insurance: IFHP

Medical History

Medications: Blood pressure pills **Allergies:** N/A

Health Concerns: Back pain

Patient Intake Form B

_____ : Carlos _____ : Santiago

Last Name: Rodriguez _____ : Male

_____ : 11795 66th Ave **City:** _____

Province: _____ **Postal code:** _____

_____ : 236-555-1149 **Email:** _____

Birthday: _____ : January _____ : 11 _____ : 1989

Occupation: _____

_____ : Maria **Relationship:** _____

_____ : 236-555-1149

Medications: _____ **Allergies:** _____

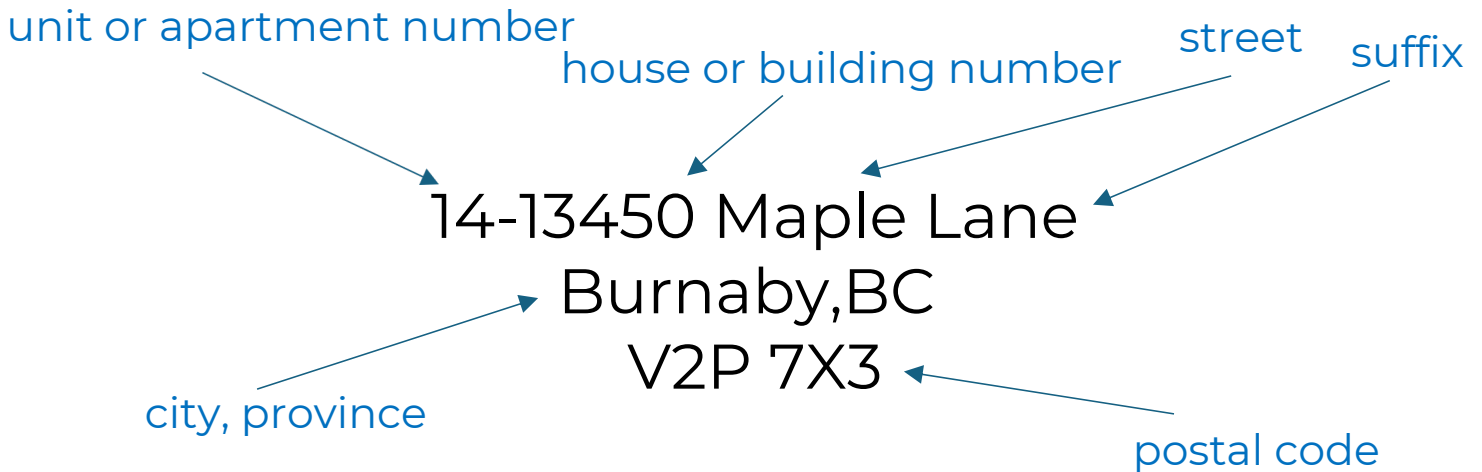
Health Concerns: _____

Sample Activity 2: Writing an address

(Follows appropriate conventions for addresses)

Steps to writing an address:

- 1st line: Start with the **unit or apartment number**.
- Use a dash (-) between the **house or building number**.
- Then, write the name of the **street**.
- The street name could be a name or a number.
Example: Main, Pine, 120th, 81st.
- Next, write street **suffix**.
Example: Street, Ave, Blvd, Lane.
- 2nd line: Write the **city and province**.
- 3rd line: Write the **postal code**.



What is the street name? _____

What is the city? _____

What is the house number? _____

What is the unit number? _____

What is the postal code? _____

What is the province? _____

101-1122 Main Street
Vancouver, BC
V3T 2X5

What is the street name? _____

What is the city? _____

What is the house number? _____

What is the unit number? _____

What is the postal code? _____

What is the province? _____

25-51790 64th Ave.
Surrey, BC
V4X 7P6

What is the street name? _____

What is the city? _____

What is the house number? _____

What is the unit number? _____

What is the postal code? _____

What is the province? _____

801 Douglas Road
Victoria, BC
V8R1H9

What is the street name? _____

What is the city? _____

What is the house number? _____

What is the postal code? _____

What is the province? _____

Write your address:

What is the street name? _____

What is the city? _____

What is the house number? _____

What is the unit number? _____

What is the postal code? _____

What is the province? _____

Instructions: Look at the addresses below. What is incorrect?
Write the addresses in the correct format.

King Street 6790-44
V7T9F2
BC, Victoria

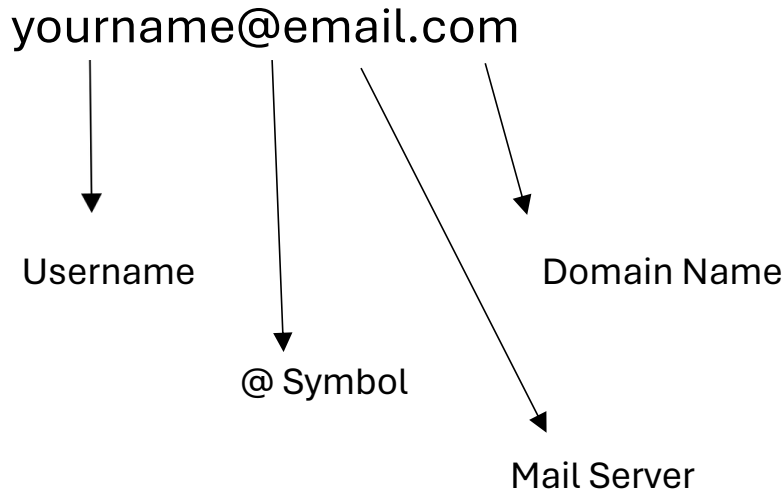
V6W 9T1
12th Ave 708 11
Vancouver, BC

BC, Nanaimo
Water Blvd V7H 9F2
34-799

Sample Activity 3: Writing an email address

(Follows appropriate conventions for [email] addresses)

An email address has four parts: Username, @ symbol, mail server, and the domain name.



Instructions: Look at the email addresses below and answer the questions.

Sameersanj456@hotmail.com

What is the username? _____

What is the mail server? _____

What is the domain name? _____

claireincanada@hellomail.ca

What is the username? _____

What is the mail server? _____

What is the domain name? _____

Do you have an email address? _____

Write your email address: _____

What is the username? _____

What is the mail server? _____

What is the domain name? _____

Sample Activity 4: Writing a phone number

(Follows appropriate conventions for telephone numbers)

- Phone numbers in Canada have 10 digits: a 3-digit **area code**, **then a 7-digit phone number**.
- We use a dash – to separate the numbers written in a form of XXX-XXX-XXXX. (3-3-4). Sometimes an area code can be in **brackets** (XXX).
- In British Columbia, some of the area codes include: 604, 778, 236, 250, 672, and 257.

Instructions: Look at the phone numbers below and answer the questions.

(672) 555-2189

What is the area code? _____

What are the 7 digits to follow? _____

(604) 555-6679

What is the area code? _____

What are the 7 digits to follow? _____

250-555-1212

What is the area code? _____

What are the 7 digits to follow? _____

Do you have a phone number in Canada? **Yes / Not Yet**

Write your phone number: _____

What is the area code? _____

What are the 7 digits to follow? _____

Instructions: Look at the phone numbers below. What is incorrect? Write the phone numbers in the correct format.

6(04)555-5678

7785557898

7890-555-(236)

25 0 55564 32

Sample Activity 5: Answering questions on a medical form

(Follows most spelling conventions; Writes legibly)

Discussion:

1. Is it necessary to write complete sentences when you fill out medical forms?
 2. What could happen if you don't fill out most of the form?
 3. What do you write if you do not have an answer?
 4. What does it mean to "write clearly"?
 5. What does it mean to "give consent"?
- *You do not need to write full sentences when filling out a medical form. Write short and clear responses with correct spelling. Sometimes it might be a 'yes' or 'no' question.*
 - *If there is a question you don't need to answer you can write **N/A**. This means **not applicable** (it doesn't relate to your situation).*

Practice answering common questions on medical forms.

1. Do you have any allergies? **Yes / No**

If yes, please provide details: _____

2. What medications are you currently taking?

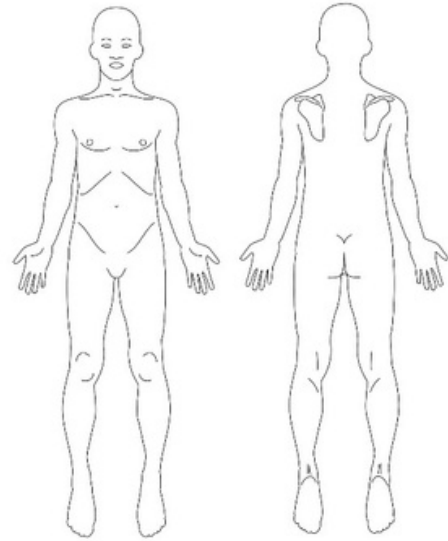
3. Who is your emergency contact? _____

What is their phone number? _____

4. What is your occupation? _____

5. What are your health concerns? _____

6. Please circle the area(s) you are experiencing pain.



7. Do you have insurance coverage?

Yes / No

If yes, what is the name of your plan? _____

8. When was your last visit to the dentist? _____

9. Do you have any pain in your mouth?

Yes / No

10. Do you have any fillings?

Yes / No

11. Do you floss?

Yes / No

If yes, how often? _____

12. Do you smoke?

Yes / No

If yes, how often? _____

13. Do you drink alcohol? **Yes / No**

If yes, how often? _____

14. Do you give consent to medical treatment?

Yes / No

15. Do you give consent to sharing your personal information?

Yes / No

Signature: _____

Sample Activity 6: Understanding Layout

(Identifies layout and specific information)

Most medical forms have three sections: top, middle, and bottom.

Discussion:

- What information is at the top of a medical form?
- What information is in the middle of a medical form?
- What information is at the bottom of a medical form?
- What questions could be at the top?
- What questions could be in the middle?
- What questions could be at the bottom?

Sample Activity 6: Understanding Layout (continued)

MEDICAL INTAKE FORM

PATIENT INFORMATION

Name

Address

Phone

Email

MEDICAL HISTORY

Allergies:

Medications:

Health Concerns:

CONSENT AND SIGNATURES

I consent to medical treatment.

Patient Signature: Date:

The top of the form has patient information.

The middle of the form has medical history.

The bottom of the form has consent and signatures.

Patient information: This section may ask important information about the patient such as:

- Name
- Date of birth
- Address
- Gender
- Marital status
- Contact information- phone number and email address
- Emergency contact information

Medical history: This section may ask personal information about your current wellbeing and health history such as:

- The reason for the visit
- Symptoms
- Current medications
- Allergies
- Past medical history Health habits

Consent and signatures: This section may ask for your authorization and legal agreement such as:

- Saying yes to treatment (consent)
- Sharing of medical information
- Signature (authorization)

Remember: Each clinic or hospital will have its own form. These forms may look different and may ask other questions. It is important to read all the information, so you can fill out the form correctly.

Instructions

Read the medical form for a walk-in clinic on the next page. Answer the questions below.



Waves Walk-in Clinic

Patient Form

Section 1: Personal Information

Information Needed

Your Details

Today's Date:

Sept./ 9/ 2025
Month / Day / Year

First Name:

Omari

Last Name:

Abbado

Gender:

Male

Date of Birth:

August 25, 1979
Month / Day / Year

Phone Number:

236-555-7312

Street Address:

11375 64 B Ave.

City:

Surrey

Postal Code:

V2P 7Y3

Section 2: Medical Information

1. Why are you here today?

I hurt my foot at work.

2. Are you allergic to any medicine?

Yes

Name of medicine: *Penicillin*

3. What medicine do you take now? *Ibuprofen*

4. Are you Pregnant? (For female patients)

- No
 Yes N/A

5. Do you smoke?

- No
 Yes

6. Do you drink alcohol?

- No
 Yes

Section 3: Consent

Please read and sign.

I understand:

- I want to see the doctor today.
- The clinic will ask for my health information.
- The clinic will keep my information safe.

Your Signature: *Omari Abbado*

Today's Date: *September 9, 2025*

Answer the following questions about Omari's medical history.

1. What is the patient's phone number? _____
2. What is the date of the form? _____
3. What is the patient's last name? _____
4. What is the patient's gender? _____
5. What city does the patient live in? _____
6. Why does he want to see the doctor? _____
7. What section asks if he smokes?
 - a) Personal Information
 - b) Medical History
 - c) Consent/ signatures
8. What is he allergic to?
 - a) Ibuprofen
 - b) Smoking
 - c) Penicillin
9. This form is for:
 - a) A walk-in clinic
 - b) A hospital
 - c) work
10. Why should you fill out this form?

ANSWER KEY

Sample Activity 6

1. What is the patient's phone number?
236-555-7312
2. What is the date of the form?
September 9, 2025
3. What is the patient's last name?
Abbado
4. What is the patient's gender?
Male
5. What city does the patient live in?
Surrey
6. Why does he want to see the doctor?
He hurt his foot.
7. What section asks if he smokes?
 - a) Personal Information
 - b) **Medical History**
 - c) Consent/ signatures
8. What is he allergic to?
 - a) Ibuprofen
 - b) Smoking
 - c) **Penicillin**
9. This form is for:
 - a) Walk-in clinic
 - b) **Hospital**
 - c) Work

Why should you fill out this form? **To see a doctor**
Or similar answers that show understanding of purpose.



Reading Skill-Using

CLB 3/4

Theme	Survival English - Health and Wellness
Task	Read a medical form and answer questions about the layout and information
Competency	III - Getting Things Done

Name: _____

Date: _____

	You can...	Yes	Not Yet
*	Understand the layout		
	Scan the text to find specific information		
	Identify the type of form (CLB 4)		
*	Identify the purpose of the form (CLB 4)		

Learner Reflection: This task was **easy / so-so / difficult** for me, because



Hospital Intake Form

Surname: Smith **Middle Initial:** M **Name:** Paula

Sex: Male/Female/Other **DOB:** 10/27/1995 **Address:** 66-12345 Main St.
MM/DD/YYYY

City: Delta **Province:** British Columbia

Postal Code: V5R 2U9 **Phone Number:** 236-555-9817

Email: paula_smith95@mailcanada.ca

Marital Status: Single/Married/Divorced/Widow

Emergency Contact: Benny **Relationship:** Boyfriend

Phone Number: 604-555-0987

Reason for your visit: High fever

What are your symptoms? Temperature is 38.5C, headache, and dizzy

Current Medications: N/A

Allergies: Peanuts

Medical Condition(s): I am pregnant.

Insurance Coverage in Canada: YES/NO **Name of Plan:** IFHP

I consent to medical treatment: YES/NO

I consent to my personal information being used: YES/NO

Signature: *Paula Smith*

CLB 3 / 4 Reading Skill-Using Task Handout

Student's Name: _____ Date: _____

Instructions: Read the medical form and answer the following questions.

1. What is the patient's birthdate? _____
2. What is the patient's postal code? _____
3. What is the patient's first name? _____
4. What is her marital status? _____
5. What is she allergic to? _____
6. Does she consent to medical treatment? _____
7. Which of the following is **not** one of her symptoms?
 - a) Headache
 - b) Dizzy
 - c) Sore throat
 - d) Fever
8. What section is her phone number in?
 - a) Medical History
 - b) Personal Information
 - c) Consent/ signatures
9. This form is for:
 - a) a walk-in clinic
 - b) a dentist
 - c) a hospital
10. Why should you fill out this form?

ANSWER KEY

READING (SKILL-USING TASK)

1. What is the patient's birth date? **October 27, 1995**
2. What is the patient's postal code? **V5R 2U9**
3. What is the patient's first name? **Paula**
4. What is her marital status? **Divorced**
5. What is she allergic to? **Peanuts**
6. Does she consent to medical treatment? **Yes**
7. What section is her phone number in?
 - a) Medical History
 - b) **Personal Information**
 - c) Consent/ signatures
8. Which of the following is not one of her symptoms?
 - a) Headache
 - b) Dizzy
 - c) **Sore throat**
 - d) Fever
9. This form is for:
 - a) Walk-in clinic
 - b) Dentist
 - c) **Hospital**
10. Why should you fill out this form?

***To receive medical treatment / To see a doctor / To get help
Or similar answers that show understanding of purpose.***

CLB 3 / 4 Assessment Task Handout

Instructions

Fill out this form at the walk-in clinic, so you can see a doctor.

 Care Clinic

Patient Intake Form

First Name: _____ **Middle Initial:** _____

Last Name: _____ **Gender:** Male / Female / Other

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Phone Number: _____ **Email:** _____

Date of Birth: Month _____ Day _____ Year _____

Occupation: _____ **Emergency Contact:** _____

Medical History

Do you have any allergies?

What are your current health concerns?

Consent

Do you give consent for treatment and sharing of your personal information?

Signature _____

Skill Using Activities: Writing

Wellness Walk-In Clinic Intake Form

Last Name: _____ **First Name:** _____

Gender: Male Female Other

Marital Status: Single Married Divorced Widowed

Address: _____ **City:** _____

Postal Code: _____ **Phone:** _____

Emergency Contact: Name: _____

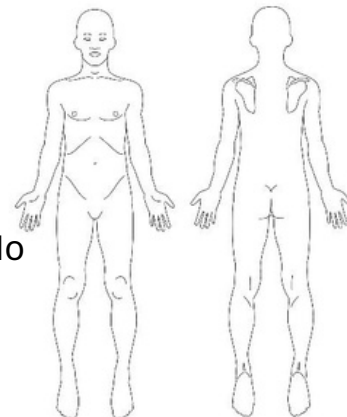
Relationship: _____ Phone: _____

Current Medications: _____

Do you have any allergies? _____

Please circle the area(s) you are experiencing pain.

Do you give consent for medical treatment? Yes No



Signature: _____



Sparkle Dental Centre New Patient Registration

First Name: _____ Middle Initial: _____

Last Name: _____ Gender: Male/ Female/Other

D.O.B: ____ / ____ / ____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Do you have insurance coverage? YES / NO

If YES, please provide name of plan: _____

Dental History

When was your last visit to the dentist? _____

Do you have any fillings? YES / NO

Do you brush your teeth every day? YES / NO

Do you floss every day? YES / NO

Do you have any pain in your mouth? Where is it? _____

Consent

I consent to sharing my personal information and treatment at Sparkle Dental.

Sign: _____