**Personal Information:**

|  |  |
| --- | --- |
| Kako se zovete? | What is your name? |
| Koliko imate godina? | How old are you? |

**Main Problem:**

|  |  |
| --- | --- |
| Zašto ste došli u bolnicu? | Why did you come to the hospital? |
| Kakve probleme imate? | What kind of problems do you have?  |
| Jeste li razgovarali s liječnikom prije nego što je došao u bolnicu? | Did you talk to a doctor before you came to the hospital? |
| Kad si primljen u bolnicu? | When were you admitted to the hospital? |

**Present Illness:**

|  |  |
| --- | --- |
| Koji je prvi simptom? | What was the first symptom? |
| Kada ste primijetiti? | When did you notice this? |
| Koliko dugo ste imali taj problem? | How long have you had this problem? |
| Jeste li u boli sad? | Pain now? |
| Gdje to boli? | Where does it hurt? |
| Neke lijekove? | Any medications? |
| Da li bol dolaze u određeno vrijeme? | Does the pain come at a certain time? |
| Buđenje navečer zbog bolova? | Wake up because of pain? |
| Imate li temperaturu | Fever? |
| Koje pretrage ste imali kod EKG,Sono,Krv, CT, MRI? | Which examination have you had done at your doctor? |
| znojite li preko noći | Night sweat? |
| kašlete? (Imate li kašalj) | Do you cough? |
| Imate li apetite? | Do you have a apetite? |
| Da li vas bolni kad jedete | Is it painful when you eat? |
| Imate li probleme mokriti? | Problem urinating? |
| Koliko puta mokriti | How many times do you urinate? |
| Imate li problema sa kostima ili mišićima?? | Problem with bones or muscle? |
| Jeste li izgubili /ili dobili na tezini ? koliko puno? | Have you lost / gained weight? How much? |

**Past History:**

|  |  |
| --- | --- |
| Imate li neku ozbiljnu bolest? | Serious illnesses? |
| jeste li bili hospitalizirani? | Hospitalized? |
| Jeste li imali neke operacije,šta/kada? | Any operations? What? When? |
| Imate li diabetes? Uzimate li insulin? Za koliko dugo? | Diabetes? Use insulin? For how long? |
| Imate li visok tlak? | High bloodpressure? |
| imate visoke razine colesterol? | High colesterol? |
| Pušite li? Koliko puno? | Smoke? How many? |
| Pijete alkohol? | Drink alcohol? |
| Imate li (kakvih) alergija? | Allergies? |
| vježbate li? | Exercise? |
| Jeste li bili trudni? Koliko puta? | Been pregant? How many times? |
| Imate li slomljene kosti? | Any broken bones? |

**Family History:**

|  |  |
| --- | --- |
| Imate li neke bolesti u obitelji | Family diseases? |
| jesu li vaši roditelj još živi od čega su bolovali i koliko dugo | Parent still alive? How long have and of what? |

**Head:**

|  |  |
| --- | --- |
| Imate li glavobolje? | Pain in head? |
| Imate li gubitak pamčenja? | Loss of memory? |
| Imate li problema sa govorim? | Talking? |
| imate Vrtoglavica? | Dizziness? |
| Jeste li imali problema s očima? Vidite li? | Good eyes? |
| Jeste li ikada imali problema s ušima? Čujete li dobro? | Good ears? |
| Jeste li imali problema s nosom? | Good nose? |
| Jeste li imali problema sa zubima ili jezikom? | Teeth or tongue? |
| boli vas grlo | Throat? |

**Cardivascular System:**

|  |  |
| --- | --- |
| Imate li problem sa disanjem? | Problem breathing? |
| jeste li brzo umorni | Easily fatigue? |
| Jeste li ikada imali bol u prsima? | Had pain in your chest? |
| Jeste li ikada osjetili nepravilan srce? | Any unusual activity in the heart? |
| dali vam srce brzo lupa?  | Does the heart race? |
| koliko metera možete hodat (a da se ne umorite) | How many meters can you walk? |

**Respiratory system:**

|  |  |
| --- | --- |
| Imate li kašalj | Cough? |
| Imate li krv iskašljaju  | Coughed up blood? |
| Pušite li? Koliko puno? | Do you smoke? |
| Koliko dugo? | For how long? How many? |

**GIT:**

|  |  |
| --- | --- |
| Imate li apetite?? | How is your appetite? |
| Imate li problema pri gutanju? | Problems swallowing or digesting? |
| Jeste li izgubili /ili dobili na tezini ? koliko puno? | Have you lost / gained weight? How much? |
| Imate li bolove u trbuhi? | Any attacks of abd pain? |
| jeste li povračali? | Vomiting? |
| Jeste li redovnu stolicu? | Regular stool? |
|  | Unusual with stool? |
| Jeste li imali krv ili sluz u stolici dali je bila crna | Any blood og mucus in stool, or that it was black? |
| Bezbojna ili siva stolica | Colorless or grey stool? |
| bol ili nelagodu u rectumu | Pain or dicomcort in rectum? |
|  | Control your bowel movement? |
| Imate li jake bolove u trbuhu | Strong pain in stomach? |

**Genitourinary tract:**

|  |  |
| --- | --- |
| Imate li problema sa mokrenja | Any discomfort or trouble in passing urine? |
| Koliko često idete na WC? | How often do you og to the WC? |
| Možete li kontrolirati? | Can you control it? |
| imate li sluz ili krv u mokraći | Any pus or blood in urine? |
| Sve promjene u seksualne aktivnosti? | Any changes in sexual activity? |

jetra - liver

žučna kesica – gallbladder

gušteraća – pancreas

crijevo– intestine

želudac– stomach

mjehur– Bladder

rak - cancer

Nador

debelo crijevo = colon

želučani ulkus – stomach ulcer

žučni kamenci = gall stones

pain -bol

oštar - sharp

pulsirajuća – Pulsating
tup – Dull

grčevi – cramping

head – glava/glavica

arm-ruka

leg-noga