Knee pain	Upset stomach	Diarrhea
Back pain	Tired	Vomiting
Headache	Sore throat	Cough
Knee pain	Vomiting	Fever
Stiff neck	Sore throat	Shortness of breath
Racing Heart	Sneezing/Runny nose	Stuffed up nose



Name	Date	
_	ne you are talking to the doctor. Write down your problem ( <b>imaginary</b> ). Write yours to the doctor's questions.	ur
Health	Problem:	
1.	What brings you here today?	
2.	How long have you had this problem?	
3.	Do you have it all the time, or does it come and go?	