LISTENING

SECTION 1 *Questions 1–10*

Complete the notes below.

Write ***ONE WORD AND/OR A NUMBER*** *for each answer.*

TOTAL HEALTH CLINIC

PATIENT DETAILS

Personal information

Example

Name Julie Anne ....*Garcia*....

Contact phone	**1** .....
Date of birth	**2** ....., 1992
Occupation	works as a **3** .....
Insurance company	**4** ..... Life Insurance

Details of the problem

Type of problem	pain in her left **5** .....
When it began	**6** ..... ago
Action already taken	has taken painkillers and applied ice

Other information

Sports played	belongs to a **7** ..... club
	goes **8** ..... regularly
Medical history	injured her **9** ..... last year
	no allergies
	no regular medication apart from **10** .....

LIVEWORKSHEETS