

Test 2

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