

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	
<i>Example</i>	
Name	Julie Anne <i>Garcia</i>
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