TEST 2

Questions 1-10.

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

TOTAL HEALTH CLINIC

Patient detail

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……