

Listening 2



You are going to hear Nurse Sam McCarthy assessing Alain. As you listen, complete the Nursing Assessment form.

| | | | |
|-------------------------------------|--------------------------------------------|--------------------------------|--------------------------------|
| Diet restrictions and requirements | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If YES _____ _____ _____ |
| a) BMI _____ | | | |
| b) Food allergies | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | If YES _____ |
| c) Last meal (date / time) _____ | Give details _____ _____ | | |