

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	