

## 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	
<b>PATIENT DETAILS</b>	
<b>Personal information</b>	
<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
<b>Details of the problem</b>	
Type of problem	pain in her left 5 .....
When it began	6 ..... ago
Action already taken	has taken painkillers and applied ice
<b>Other information</b>	
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 .....