Listening **2** 35 You are going to hear Nurse Sam McCarthy assessing Alain. As you listen, complete the Nursing Assessment form.

Diet restrictions and requirements	Yes ☐ No ☐	If YES _____
a) BMI _____		
b) Food allergies	Yes ☑ No ☐	If YES _____
c) Last meal (date / time) _____	Give details _____	

LIVEWORKSHEETS