

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 _____ _____		