

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 <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 _____		