LISTENING PRACTICE | FORM FILLING

Medical Appointment Registration

Conversation 3: Calling a medical centre

Listen and complete the patient form. Check the spelling and numbers.

PATIENT INFORMATION

1. First name _____
2. Family name _____
3. Date of birth _____
4. Street address _____
5. Suburb _____
6. Postcode _____
7. Mobile number _____

MEDICARE AND APPOINTMENT

8. Medicare number _____
9. Individual reference number _____
10. Reason for appointment _____
11. Appointment day _____
12. Appointment time _____

LIVEWORKSHEETS