

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

PATIENT DETAILS

Personal information

Example

Name Julie Anne *Garcia*

Contact phone 1.

Date of birth 2., 1992

Occupation works as a 3.

Insurance company 4. Life Insurance

Details of the problem

Type of problem pain in her left 5.

When it began 6. ago

Action already taken has taken painkillers and applied ice

Other information

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.