

03 Choose and write the questions in Exercise 2 that are similar to the ones below.

1. What is your birthdate? -----> _____
2. Could you spell it, please? -----> _____
3. May I have your name? -----> _____

04  1T02 a. Listen to the dialogue, and circle the correct word.

1. The patient lives in **Australia** / Austria.
2. She was born in **1980** / 1983.
3. Her mobile is **55-326-096** / 55-346-096.

05  1T02 b. Listen to the dialogue again and fill in the form.

PATIENT INFORMATION	
Name: _____	Date: <u>12.09.2022</u>
Address: _____	
_____ City: _____	Country: _____
Birthdate: _____	
Gender: M <input type="checkbox"/> F <input type="checkbox"/> (please circle)	
Weight: _____	
Height: _____	
Home phone: _____	Work phone: _____
Mobile: _____	
E-mail: _____	
Are you Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
Person to contact in case of emergency: _____	
Relationship to patient: _____	
Home phone: _____	Mobile: _____
Education: <input type="checkbox"/> Grade School <input type="checkbox"/> Jr. High School <input type="checkbox"/> High School	
<input type="checkbox"/> College (2-4 years) <input type="checkbox"/> Degree	
Health insurance <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Signature: _____	