

Question 1 – 10. Write NO MORE THAN THREE WORDS for each answer.

Temporary Patient Record Form

Name: Peter Smith

Address: **1**

County: **2**

Phone: **3**

Injury Details

Cause: Sport - Tennis

Type: Sprained **4**

Date: **5**

Description of Previous Record and Current Situation

The private doctor of the patient suggested treatment with **6**.....

But the patient is still unable to **7**..... and also getting some pain in his **8**..... at night.

Advice from the Doctor

Not use the **9**.....

Do regular **10**.....at home.