

Total Health Clinic

Questions

Questions 1–10 Note Completion

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** _____