

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 | |
| <i>Example</i> | |
| Name | Julie Anne <i>Garcia</i> |
| 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 |

