## Listening

F

## A patient record form

1 G Listen to the nurse get personal details from a patient. As you listen, complete the form.

## PATIENT RECORD

Surname	
First name	
Gender	MF
DOB	
Place of birth	
Occupation	
Marital status	
Next of kin	
Contact no.	
Smoking intake	
Alcohol intake	
Reason for admission	
Family history	
mental illness	turberculosis
diabetes	HIV/AIDS

## Speaking

- Student As work together in pairs. Student Bs work together in pairs. You are going to play the role of a patient admitted to hospital. Invent the following details.
  - full name
  - allergies
  - occupation
  - next of kin
  - family history
- ø date and place of birth
- smoking and alcohol intake
- marital status
- reason for admission
- medical history
- 2 Student A you are the nurse. Ask Student B, the patient, questions to complete the patient record below.



- 2 D Listen again and complete these questions that the nurse asks.
  - 1 What \_\_\_\_\_you?
  - 2 \_\_\_\_\_date of birth?
  - 3 \_\_\_\_\_you born?

- 4 \_\_\_\_\_married?
  - \_\_\_\_\_smoke?

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- 6 \_\_\_\_\_\_ do you smoke a \_\_\_\_\_?
- 7 \_\_\_\_\_\_allergic to \_\_\_\_\_?
- 8 Do any of your \_\_\_\_\_\_ family \_\_\_\_\_\_ from any of the following ...?