

Listening – A patient record form

M=Mustapha, N=nurse

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N Mustapha, isn't it?

M Yes, that's right.

N So, what happened to you?

M I was working on a ladder. It was raining and I slipped and fell.

N Did you hit your head?

M Yes. I saw stars and felt sick at first. But now it's OK.

N I see. You may have concussion.

First, I'll take down your details and fill in this form. So, what's your surname?

M It's Hussein.

N Can you spell that for me?

M H-U-double S-E-I-N.

N What's your occupation?

M I'm a painter.

N Right. What's your date of birth?

M First of the ninth, eighty-two.

N One, nine, eighty-two ... and where were you born?

M Karachi, Pakistan.

N What's your marital status?

M Sorry?

N Are you married?

M No, I'm single.

N And do you have a contact telephone number for your next of kin?

M 07709-401229 – it's my brother, Yusuf.

N Do you smoke?

M Yes.

N How many do you smoke a day?

M Twenty a day.

N Uh huh. Do you drink?

M No.

N Right. Are you allergic to anything?

M No.

N Now, family history. Do any of your

close family suffer from any of the following – mental illness?

M No.

N Diabetes?

M My mother's parents are both diabetic.

N Maternal grandparents ... diabetes.

Tuberculosis?

M No.

N HIV / AIDS?

M No.