

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Intake

1. NAACTLMI IMGINAL ITLCCKEHS \_\_\_\_\_
2. TFSIR NEUSTDT \_\_\_\_\_
3. TNEEAVGRNOLM YCAENG \_\_\_\_\_
4. T-IORNNFPO 015 )C(3)( \_\_\_\_\_
5. ARNLESEوبا AANRCSSUE \_\_\_\_\_
6. NON ABRAEELOSN SNAUAERCS TSLI \_\_\_\_\_
7. SNFLOSPOEAIR \_\_\_\_\_
8. PERYMOEL GAILMN HCETSKIL \_\_\_\_\_
9. TORTRAEIVCE EPNYMAT \_\_\_\_\_
10. EBUTISSUTT \_\_\_\_\_