**1]** Doctor: Is the patient a child (under 18) or an adult? Please respond with 'child' or 'adult'.

User: child

Doctor: Please provide any known vital signs (e.g., temperature in °F, heart rate in bpm). Enter 'unknown' if not available.

User: temperature 98.6°F, heart rate 90 bpm

Doctor: Please describe the patient's symptoms.

**User: diarrhea**

Doctor: Please answer the following symptom-specific question: Is there blood in the stool?

User: No

Doctor: Please answer the following symptom-specific question: Are you experiencing dehydration symptoms like dizziness?

User: No

Doctor: How long have the symptoms been present?

User: 1 day

Doctor: Does the patient have any known allergies or pre-existing conditions?

User: None

Doctor: Has the patient experienced similar symptoms before?

User: No

Doctor: Can you provide details about the patient's diet, exercise, or recent travel?

User: Normal diet, no recent travel

Doctor: Thank you for the information. I will generate a prescription based on the responses.

**Prescription for Child Patient:**

- Oral rehydration solution (e.g., Pedialyte), 50-100mL/kg over 4 hours.

Symptom Duration: 1 day.

Allergies: None.

Medical History: No.

Lifestyle Factors: Normal diet, no recent travel.

General Recommendations:

- Verify all medications with a healthcare professional.

- Monitor symptoms and seek medical attention if they worsen.

- Ensure a pediatrician reviews all treatments for children.

Disclaimer: These are suggested prescriptions. Consult a qualified doctor to confirm dosages and appropriateness. This chatbot is not a substitute for professional medical advice.

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**2]** Doctor: Is the patient a child (under 18) or an adult? Please respond with 'child' or 'adult'.

User: adult

Doctor: Please provide any known vital signs (e.g., temperature in °F, heart rate in bpm). Enter 'unknown' if not available.

User: temperature 104°F, heart rate 110 bpm

Doctor: Please describe the patient's symptoms.

**User: headache**

Doctor: Please answer the following symptom-specific question: Is the headache accompanied by nausea or sensitivity to light?

User: Yes

Doctor: Please answer the following symptom-specific question: Does it feel like a throbbing pain?

User: Yes

Doctor: How long have the symptoms been present?

User: 3 days

Doctor: Does the patient have any known allergies or pre-existing conditions?

User: Penicillin allergy

Doctor: Has the patient experienced similar symptoms before?

User: Yes, occasional migraines

Doctor: Can you provide details about the patient's diet, exercise, or recent travel?

User: High-stress job, limited sleep

Doctor: Thank you for the information. I will generate a prescription based on the responses.

**Prescription for Adult Patient:**

- Seek medical attention if fever exceeds 103°F or persists beyond 3 days.

Warning: High temperature (104°F). Seek medical attention immediately.

Warning: Abnormal heart rate (110 bpm). Consult a doctor.

Symptom Duration: 3 days.

Allergies: Penicillin allergy. Confirm with a doctor to avoid allergic reactions.

Medical History: Yes, occasional migraines.

Lifestyle Factors: High-stress job, limited sleep.

General Recommendations:

- Verify all medications with a healthcare professional.

- Monitor symptoms and seek medical attention if they worsen.

- Check for drug interactions if on other medications.

Disclaimer: These are suggested prescriptions. Consult a qualified doctor to confirm dosages and appropriateness. This chatbot is not a substitute for professional medical advice.

**3]** Doctor: Is the patient a child (under 18) or an adult? Please respond with 'child' or 'adult'.

User: adult

Doctor: Please provide any known vital signs (e.g., temperature in °F, heart rate in bpm). Enter 'unknown' if not available.

User: unknown

Doctor: Please describe the patient's symptoms.

**User: chest pain and cough**

Doctor: Please answer the following symptom-specific question: Is the cough dry or productive (with mucus)?

User: Dry

Doctor: Please answer the following symptom-specific question: Is the cough worse at night?

User: No

Doctor: How long have the symptoms been present?

User: 1 day

Doctor: Does the patient have any known allergies or pre-existing conditions?

User: None

Doctor: Has the patient experienced similar symptoms before?

User: No

Doctor: Can you provide details about the patient's diet, exercise, or recent travel?

User: Regular exercise, no recent travel

Doctor: Thank you for the information. I will generate a prescription based on the responses.

**Prescription for Adult Patient:**

- URGENT: Chest pain is a serious symptom. Seek emergency medical care immediately.

- Dextromethorphan 10-20mg every 4 hours as needed.

Symptom Duration: 1 day.

Allergies: None.

Medical History: No.

Lifestyle Factors: Regular exercise, no recent travel.

General Recommendations:

- Verify all medications with a healthcare professional.

- Monitor symptoms and seek medical attention if they worsen.

- Check for drug interactions if on other medications.

Disclaimer: These are suggested prescriptions. Consult a qualified doctor to confirm dosages and appropriateness. This chatbot is not a substitute for professional medical advice.

**4]** Doctor: Is the patient a child (under 18) or an adult? Please respond with 'child' or 'adult'.

User: adult

Doctor: Please provide any known vital signs (e.g., temperature in °F, heart rate in bpm). Enter 'unknown' if not available.

User: temperature 102°F, heart rate 55 bpm

Doctor: Please describe the patient's symptoms.

**User: fever**

Doctor: Please answer the following symptom-specific question: Is the fever accompanied by a rash?

User: No

Doctor: Please answer the following symptom-specific question: Do you have chills or night sweats?

User: No

Doctor: How long have the symptoms been present?

User: 2 days

Doctor: Does the patient have any known allergies or pre-existing conditions?

User: Asthma

Doctor: Has the patient experienced similar symptoms before?

User: Yes, last winter

Doctor: Can you provide details about the patient's diet, exercise, or recent travel?

User: Recent travel to tropics

Doctor: Thank you for the information. I will generate a prescription based on the responses.

**Prescription for Adult Patient:**

- Ibuprofen 400mg every 6 hours as needed (max 3.2g daily).

Warning: Abnormal heart rate (55 bpm). Consult a doctor.

Symptom Duration: 2 days.

Allergies: Asthma. Confirm with a doctor to avoid allergic reactions.

Medical History: Yes, last winter.

Lifestyle Factors: Recent travel to tropics.

General Recommendations:

- Verify all medications with a healthcare professional.

- Monitor symptoms and seek medical attention if they worsen.

- Check for drug interactions if on other medications.

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------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**5]** Doctor: Is the patient a child (under 18) or an adult? Please respond with 'child' or 'adult'.

User: child

Doctor: Please provide any known vital signs (e.g., temperature in °F, heart rate in bpm). Enter 'unknown' if not available.

User: temperature 103°F, heart rate 100 bpm

Doctor: Please describe the patient's symptoms.

**User: cough and fever**

Doctor: Please answer the following symptom-specific question: Is the cough dry or productive (with mucus)?

User: Dry

Doctor: Please answer the following symptom-specific question: Is the cough worse at night?

User: Yes

Doctor: How long have the symptoms been present?

User: 3 days

Doctor: Does the patient have any known allergies or pre-existing conditions?

User: None

Doctor: Has the patient experienced similar symptoms before?

User: No

Doctor: Can you provide details about the patient's diet, exercise, or recent travel?

User: Balanced diet, active

Doctor: Thank you for the information. I will generate a prescription based on the responses.

**Prescription for Child Patient:**

- Seek pediatrician immediately if fever exceeds 102°F or lasts over 24 hours.

- Honey (for ages 1+), 1-2 tsp at bedtime.

Warning: High temperature (103°F). Seek medical attention immediately.

Symptom Duration: 3 days.

Allergies: None.

Medical History: No.

Lifestyle Factors: Balanced diet, active.

General Recommendations:

- Verify all medications with a healthcare professional.

- Monitor symptoms and seek medical attention if they worsen.

- Ensure a pediatrician reviews all treatments for children.

Disclaimer: These are suggested prescriptions. Consult a qualified doctor to confirm dosages and appropriateness. This chatbot is not a substitute for professional medical advice.

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User: adult

Doctor: Please provide any known vital signs (e.g., temperature in °F, heart rate in bpm). Enter 'unknown' if not available.

User: heart rate 95 bpm

Doctor: Please describe the patient's symptoms.

**User: difficulty breathing and headache**

Doctor: Please answer the following symptom-specific question: Is the headache accompanied by nausea or sensitivity to light?

User: No

Doctor: Please answer the following symptom-specific question: Does it feel like a throbbing pain?

User: No

Doctor: How long have the symptoms been present?

User: 1 day

Doctor: Does the patient have any known allergies or pre-existing conditions?

User: None

Doctor: Has the patient experienced similar symptoms before?

User: No

Doctor: Can you provide details about the patient's diet, exercise, or recent travel?

User: Vegetarian, moderate exercise

Doctor: Thank you for the information. I will generate a prescription based on the responses.

**Prescription for Adult Patient:**

- URGENT: Difficulty breathing is a serious symptom. Seek emergency medical care immediately.

- Ibuprofen 200-400mg every 6 hours as needed (max 3.2g daily).

Symptom Duration: 1 day.

Allergies: None.

Medical History: No.

Lifestyle Factors: Vegetarian, moderate exercise.

General Recommendations:

- Verify all medications with a healthcare professional.

- Monitor symptoms and seek medical attention if they worsen.

- Check for drug interactions if on other medications.

Disclaimer: These are suggested prescriptions. Consult a qualified doctor to confirm dosages and appropriateness. This chatbot is not a substitute for professional medical advice.

**7]** Doctor: Is the patient a child (under 18) or an adult? Please respond with 'child' or 'adult'.

User: adult

Doctor: Please provide any known vital signs (e.g., temperature in °F, heart rate in bpm). Enter 'unknown' if not available.

User: unknown

Doctor: Please describe the patient's symptoms.

User: headache

Doctor: Please answer the following symptom-specific question: Is the headache accompanied by nausea or sensitivity to light?

User: sensitivity to light

Doctor: Please answer the following symptom-specific question: Does it feel like a throbbing pain?

User: yes

Doctor: How long have the symptoms been present?

User: 2days

Doctor: Does the patient have any known allergies or pre-existing conditions?

User: yes

Doctor: Has the patient experienced similar symptoms before?

User: yes

Doctor: Can you provide details about the patient's diet, exercise, or recent travel?

User: normal

Doctor: Thank you for the information. I will generate a prescription based on the responses.

**Prescription for Adult Patient:**

Ibuprofen 200-400mg every 6 hours as needed (max 3.2g daily).

No specific treatment found for sensitivity to light. Consult a doctor.

No specific treatment found for yes. Consult a doctor.

Allergies: yes. Confirm with a doctor to avoid allergic reactions.

Symptom Duration: 2days.

Medical History: yes.

Lifestyle Factors: normal.

General Recommendations:

- Verify all medications with a healthcare professional.

- Monitor symptoms and seek medical attention if they worsen.

- Check for drug interactions if on other medications.

Disclaimer: These are suggested prescriptions. Consult a qualified doctor to confirm dosages and appropr