

PATIENT SCREENING REPORT

Patient Details

Name	shashank
Date_of_birth	
Age	
Gender	
medical_record_number	
Day_and_time	
Referred_by_doctor	
clinical_assessment	
Social_habits	
Allergies	
BP	
HR	
SpO2	
Referrals	
Conclusion	

Symptoms Summary

Symptom	Frequency	Severity	Duration	Ongoing medications	Family history
headache	daily	9	1 week ago	no	