

PATIENT SCREENING REPORT

Patient Details

Name	Rahul A
Date_of_birth	12/3/2000
Age	24
Gender	Male
medical_record_number	12XXXX
Day_and_time	Thursday 12pm
Referred_by_doctor	Na
clinical_assessment	Na
Social_habits	alcohol consumption
Allergies	No
BP	180/60
HR	94
SpO2	99
Referrals	Na
Conclusion	No

Symptoms Summary

Symptom	Frequency	Severity	Duration	Ongoing medications	Family history
feeling dizzy frequently	7 times a day	7	3 days ago	Yes , aspirin	No