

NeurovaX Diagnostics

Clinical Assessment Unit

Psychiatric Assessment Report

Standardized Assessment Summary (Non-Diagnostic)

Patient Name	Sony	Age / Sex	29 / FEMALE
MRN/UHID	UHID-001	Phone	8899776655
Battery	ANX_SCREEN_V1	Version	1.0
Administration	KIOSK	Encounter	OPD
Created At	2026-02-03T09:34:31.563154+00:00	Completed At	2026-02-03T09:53:38.631758+00:00

Summary

Primary Severity	MODERATE
Red Flags	NO

Response Quality Flags (For Clinician Review)

Duration (sec)	320
Too Fast Flag	NO
Straight-lining Flag	NO
Inconsistency Flag	NO

Test Results

Instrument	Score	Band / Interpretation
GAD7	10	MODERATE

Disclaimer

• This report is generated from standardized self-report instruments.
• It does NOT provide standalone clinical decisions.
• Final clinical decisions must be made by a registered medical practitioner.
• If self-harm thoughts are reported, immediate clinical assessment is required.

Report Validation & Clinical Responsibility

Status	PENDING	Signed At	-
Signed By	-	Role	-
Method	SYSTEM	Reason	-

