



File No :DB1012-5

Basic Information

Nick Name : *Ninny*
For : *Myself*
Age : *30-39 years (adult)*
Sex : *Female*
Country : *India*
State : *Kerala*
State : *Kottayam*
Zip : *Fghdcv*

Symptoms

Past Illness History : *One year*
Files : *~~coverphoto.jpg~~*
Hereditary Disease : *Nil*
Present Medication : *Nil*
Allergic Reaction : *Nil*
Height : *154 Cm*
Weight : *55 Kg*
Created On : *Aug 16,2016*
Updated On : *Aug 16,2016*

Physical Symptoms

Name	Rate	Customer Note	Date
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~~Anesthesia~~
Anesthesia

Aug 16,2016

Absent minded

Medium forgetting everthing Aug 16,2016