Patient Details				
Name: Enter patient				
Age: Enter patient a				
Gender: Enter gende	er			
Chief Complaint				
Describe the primary	/ issue			
History of Prese	nt Illness			
Onset :				
Frequency:				
Trigger :				
Symptoms :				
Medical History				
Past Conditions :				
Medications :				
Lifestyle and O d Enter relevant detail	S	History		
Lifestyle and O d Enter relevant detail	ndings	History		
Examination Fi Enter observations .	ndings	History		
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