

Patient_ID	Age	Gender	BMI	Blood_Pressu	Glucose_Le	Cholesterol	Smoking_Status	Family_Hist	Symptoms
P001	45	Male	27	130/85	180	High	Former Smoker	Yes	Chest Pain, Fatigue
P002	32	Female	22	120/70	90	Normal	Never Smoked	No	None
P003	60	Male	30	145/95	200	High	Current Smoker	Yes	Dizziness, Vision Blurry
P004	50	Female	25	135/80	110	Borderline	Never Smoked	Yes	Headache