

# Patient Pre-Consultation Report

Session ID: 40

Patient Name: patient

Date: 23/02/2026 17:00

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## Reported Symptoms:

### 1. Headache

Severity: 10/10

Duration: 2 weeks

Frequency: twice daily

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### 2. Cough

Severity: 10/10

Duration: 2 weeks

Frequency: every day

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