

Encounter Form Details

First Name: jio

Last Name: ioj

Location:

Date of Birth:

Date of Request:

Email: rahul0810shah@gmail.com

History of Present Illness or Injury: Often

Medical History: Asthma

Medications: Paracetamols

Allergies: No

Temp: 37

HR: 100

RR: 40

Blood Pressure (Diastolic): 300

Blood Pressure (Systolic): 500

O2: 98

HEENT: trial data heent

Pain: Headache

CV: trial data cv

Chest: 48

Abdomen: trial abd

Extremities: no extrimities

Skin: dry

Neuro: neuro data

Other: other data

Diagnosis: artificial dialysis

Treatment Plan: weekly

Medications Dispensed: not yet

Procedures: medications and therapy

Follow Up Frequency: daily