

## Encounter Form Details

**First Name:** Raj

**Last Name:** Kushwaha

**Location:** 21/3, Radha Krishna Nagar Ahmedabad GUJARAT

**Date of Birth:** 07-09-2003 00:00:00

**Date of Request:** 26-04-2024 19:51:56

**Email:** raj360917@gmail.com

**History of Present Illness or Injury:**

**Medical History:**

**Medications:**

**Allergies:**

**Temp:**

**HR:**

**RR:**

**Blood Pressure (Diastolic):**

**Blood Pressure (Systolic):**

**O2:**

**HEENT:**

**Pain:**

**CV:**

**Chest:**

**Abdomen:**

**Extremities:**

**Skin:**

**Neuro:**

**Other:**

**Diagnosis:**

**Treatment Plan:**

**Medications Dispensed:**

**Procedures:**

**Follow Up Frequency:**