

# Namste From HalloDoc

## Personal Details

**First Name:** kaushal

**Last Name:** oza

**Location:**

**Date of Birth:** 17-05-2002

**Email:** kaushaloza@gmail.com

## Encounter Form Details

**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:**