



26/7/2023

# Medical History Form

**Full Name**

Lalit farah

**Phone Number**

(91) 786-5945333

**What is your Gender?**

Male

**Check the conditions that apply to you or to any members of your immediate relatives:**

Hypertension

**Check the symptoms that you're currently experiencing:**

Psychiatric

**Are you currently taking any medication?**

No

**Do you have any medication allergies?**

No

**Do you use or do you have history of using tobacco?**

Yes

**Do you use or do you have history of using illegal drugs?**

No

**How often do you consume alcohol?**

Occasionally