

## Encounter Form Details Data

**First Name:** aaaa

**Last Name:** aaaa

**Location:** O Colony ahmedabad gujarat

**Date of Birth:** 01-02-2024 00:00:00

**Phone:** 9922182301

**Email:** aaa@gmail.com

**History of Present Illness or Injury:**

**Medical History:**

**Medications:** abc

**Allergies:** def

**Temp:**

**HR:**

**RR:**

**Blood Pressure Diastolic:**

**Blood Pressure Systolic:**

**O2:**

**Heent:** ghi

**Pain:**

**CV:**

**Chest:**

**ABD:**

**Extremities:**

**Skin:**

**Neuro:**

**Other:**

**Diagnosis:**

**Treatment Plan:**

**Medical Dispensed:**

**Procedures:**

**FollowUp:**