

## Encounter Form Details Data

**First Name:** meet

**Last Name:** bhalani

**Location:** vekariya street rajkot gujarat

**Date of Birth:** 30-01-2024 00:00:00

**Phone:** 1234567890

**Email:** takshgadhiya5190@gmail.com

**History of Present Illness or Injury:** Patient presents with fever and cough.

**Medical History:** Patient has a history of asthma.

**Medications:** Amoxicillin 500mg

**Allergies:** Penicillin

**Temp:** 98.6

**HR:** 60

**RR:** 12

**Blood Pressure Diastolic:** 90

**Blood Pressure Systolic:** 150

**O2:** 95%

**Heent:** None

**Pain:** Moderate

**CV:** None

**Chest:** None

**ABD:** None

**Extremities:** None

**Skin:** None

**Neuro:** None

**Other:** None

**Diagnosis:** Asthma

**Treatment Plan:** Continue medication and monitor closely.

**Medical Dispensed:** Amoxicillin 500ms

**Procedures:** None

**FollowUp:** Hello