

Prescreening Answers

Q1: May I have your full name for the medical record?

Answer: i feel dizzy

Q2: What's your age?

Answer: it occurred two times today while it was so hot

Q3: Do you have any chronic conditions?

Answer: 3 hours

Q4: Are you currently on medication?

Answer: i feel headache also

Q5: Can you describe the symptoms you're currently experiencing? (Separate multiple with commas)

Answer: i falled over steps yesterday