

Prescreening Answers

Q1: Have you experienced any recent changes in your health or symptoms that may be contributing to your current symptoms?

Answer: no

Q2: Do you have a history of high blood pressure or heart issues that could be affecting your current vital signs?

Answer: yes

Q3: Have you noticed any changes in your energy levels or overall well-being that could be related to your current symptoms?

Answer: yes

Q4: Are you currently taking any medications or supplements that could be impacting your health or vital signs?

Answer: no

Q5: Have you recently been exposed to any illnesses or infections that could be causing your current symptoms?

Answer: no