

## Prescreening Answers

Q1: What's your age?

Answer: 25

Q2: Do you have any chronic conditions?

Answer: no

Q3: Are you currently on medication?

Answer: yes

Q4: May I have your full name for the medical record?

Answer: farsana jasmin

Q5: Please provide your age in years.

Answer: 2005

Q6: Can you describe the symptoms you're currently experiencing? (Separate multiple with commas)

Answer: fever,headache

Q7: When did you first notice these symptoms? (Provide number of days or the specific date)

Answer: 5 days

Q8: On a scale of 1 to 10, how intense or uncomfortable are your symptoms currently?

Answer: 9

Q9: Do you have any recent vital signs available? (e.g., Temperature: 101°F, Heart Rate: 95 bpm, Blood P

Answer: hr101

Q10: Do you have any relevant past medical conditions or chronic diseases? (e.g., diabetes, hypertension,

Answer: no

Q11: Are you currently taking any medications? (Please list them with dosage if possible)

Answer: no

Q12: Have you experienced similar symptoms in the past? If yes, when and how was it managed?

Answer: no

Q13: Is there anything else you'd like the doctor to know before the consultation?

Answer: no