

Prescreening Answers

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

Answer: tony thomas

Q2: What's your age?

Answer: 25

Q3: Do you have any chronic conditions?

Answer: no

Q4: Are you currently on medication?

Answer: yes

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

Answer: hbjf

Q6: When did you first notice these symptoms? (Provide number of days or the specific date)

Answer: 2 days ago

Q7: On a scale of 1 to 10, how intense or uncomfortable are your symptoms currently?

Answer: 2

Q8: Do you have any recent vital signs available? (e.g., Temperature: 101°F, Heart Rate: 95 bpm, Blood Pressure: 120/80 mmHg)

Answer: temp :38

Q9: Do you have any relevant past medical conditions or chronic diseases? (e.g., diabetes, hypertension, asthma)

Answer: no

Q10: Are you currently taking any medications? (Please list them with dosage if possible)

Answer: no

Q11: Have you experienced similar symptoms in the past? If yes, when and how was it managed?

Answer: no

Q12: Is there anything else you'd like the doctor to know before the consultation?

Answer: no