**Patient information:**

**Patient ID : xxxxxxxxx3684**

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| **Patient name** | Aliya |
| **Date of Birth** | xx/xx/1990 |
| **Gender** | Female |
| **Marital status** | Married |
| **Height** | 157 cm |
| **Weight** | 52 kg |
| **Age** | 34 |
| **Blood group** | O+ |
| **Language preference** | Tamil/English |
| **Hearing impaired** | No |
| **Vision impaired** | No |
| **Pressure level** | 119/80 nm |
| **Super level** | 100 mg/ dl |
| **Have medical insurance** | Yes |
| **Allergies** | Sea food |
| **Medications taken regularly** | Hair care |
| **Medical history (operations)** | Nil |