

Gender: None
Date of Birth: None

If you think you may have one of the conditions listed, you should consider going to a hospital. If you think you may have a medical emergency, dial 911.

Symptoms

NH Patients

Primary Diagnosis

The most likely cause of your symptoms is a Possible m

Other possibilities

Stroke.

Question	Answer
Selected symptom	Fall,Foul smelling urine
duration of your symptoms	
Heart Disease	false
Strokes	false
Dementia	false
Kidney Disease	false
Poor mobility	false
Depression	true
Previous malignancy	true

Medical Report

ApnaMD

Have you had recent Hospital admission?	false
Have you had recent COVID?	true
Do you smoke?	false
Fever	false
Dark urine	false
Urinary incontinence	false
Reduced appetite	false
Cough	true
Weight loss	true
Unsteady gait	false
Slurred speech	true
Chocking on food	true
Reduced arm strength	false
Do you have blood test results?	False
Do you have CXR?	False
Is the patient on aspirin?	False
Have you taken an ECG?	False

This tool does not offer medical advice. It is provided for informational purposes only. Do not use it to replace professional medical advice, diagnosis or treatment. If you believe you may have a medical emergency, call your doctor or the Emergency Medical Services immediately. The confidentiality of your data is important for us. We comply with the current regulations on data protection. For more information, please read the legal terms and conditions carefully