Medical Report

ApnaMD

uniqueis: 4S4DW

Gender: male

Date of Birth: 1990-12-12

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 a Stroke. The differential diagnosis will include Urinary

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

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Have you had recent Hospital admission?	false
Have you had recent COVID?	false
Do you smoke?	false
Fever	false
Dark urine	true
Urinary incontinence	true
Reduced appetite	false
Cough	false
Weight loss	false
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?	true
Have you taken an ECG?	true

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