### **Medical Report**

# **ApnaMD**

**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 Infected Primary Diagnosis

Other possibilities Urinary Tract Infection.

Question	Answer
Selected symptom	Foul
	smelling
	urine,Press
	ure
	Sore,Confu
	sion,Decrea
	sed
	appetite
duration of your symptoms	weeks
Heart Disease	false
Strokes	false

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Dementia	true
Kidney Disease	true
Poor mobility	true
Depression	false
Previous malignancy	false
Have you had recent Hospital admission?	false
Have you had recent COVID?	true
Do you smoke?	true
Fever	false
Dark urine	true
Urinary incontinence	true
Reduced appetite	true
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?	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

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