

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
Primary Diagnosis
Other possibilities

NH Patients
No Disease Found

Question	Answer
Selected symptom	Fever
duration of your symptoms	hours
Heart Disease	false
Strokes	true
Dementia	false
Kidney Disease	false
Poor mobility	false
Depression	false
Previous malignancy	false
Have you had recent Hospital admission?	true
Have you had recent COVID?	false
Do you smoke?	false

Medical Report

ApnaMD

Fever	false
Dark urine	false
Urinary incontinence	false
Reduced appetite	false
Cough	true
Weight loss	false
Unsteady gait	true
Slurred speech	false
Chocking on food	false
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