

1. Personal Information

- Full Name: The Weeknd
- Date of Birth: 23.03.4445
- Gender: Male
- Nationality: American
- Address: Via Torino 34
- Phone Number / Email: +39 345 345 3456

2. Medical Information

- Blood Type: II
- Allergies: fish
- Chronic Conditions: -
- Medications: -
- Past Surgeries / Hospitalizations: -
- Family Medical History: Father – diabetics
- Smoking / Alcohol / Drug Use: Smoking

3. Vital Signs & Measurements

- Height: 183cm
- Weight: 80kg

4. Insurance Information

- Insurance Provider: Tessera

5. Appointments & Visits History

- Date of Visits: 10.12.2024, 09.08.2024
- Doctor's Notes / Diagnosis: Flu
- Prescribed Treatments: Paracetamollo