Document Title: Medical Report - Adults

Document ID: 1

## Sections:

- 1. Patient Information
- Name, Age, Gender, Occupation
- 2. Vital Signs
  - Blood Pressure, Heart Rate, Temperature, BMI
- 3. Blood Work
- Hemoglobin, WBC, Cholesterol, Blood Sugar
- 4. Lifestyle Assessment
  - Alcohol, Smoking, Sleep, Exercise
- 5. Mental Health Screening
- Stress Level, Depression Scale
- 6. Doctor's Recommendations
- Prescription, Lab Follow-up, Specialist Referral