

**Medical Record**

**Patient information**

First name Kavindi	Last name Weerasinghe	Preferred name Kavindi	Patient identifier P004
Gender Female	Date of birth 1998-03-18	Blood type AB+	Last updated date 2025-02-22
Address 25 Lotus Road Colombo		City Colombo	

**Emergency contact**

Full Name Sanduni Weerasinghe	Relationship Sister	Contact number +94 76 332 4567
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**Health information**

Physician information

Name	Speciality	Phone	Note
Dr. Ruwan Jayakody	Neurologist	+94 11 776 8899	Specializes in hormonal disorders.

Known medical conditions

Migraine
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Allergies

None
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### Current medications

Medication name	Dose	Frequency	Indication	Note
Sumatriptan	50mg	As needed	Migraine relief	Take at the first sign of a migraine for best results

### Additional notes

Triggers include stress and dehydration