

Patient Detail Form!

Basic details

Reason for visitation - Respiratory Disease

Firstname - taniya

Lastname - dsd

Age - 2

Gender - undefined

Email id-

Contact detail -

Symptoms patient is facing

Cough - undefined

Expectoration - undefined

Throat Pain - undefined

Swallowing - undefined

Fever- undefined

Chest Pain - undefined

Wheeze - undefined

Breathlessness - undefined

Rating

Rating on the scale of 10 - undefined

How is the condition

Condition - Select one

Suffering since when

since - Select one

Medical History

High blood pressure - undefined

Diabetes - undefined

Cholestrol - undefined

Allergy

Any food/drugs allergy -

Surgical History

Had any surgery in past - undefined

Social History

Smoke consumption- undefined

Alcohol consumption - undefined

Tobacco consumption - undefined

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