

## **Patient Detail Form!**

### **Basic details**

Reason for visitation - Respiratory Disease

Firstname - Riya

Lastname - Maheshwari

Age - 22

Gender - Female

Email id- Riyasharma@gmail.com

Contact detail - 1234567896

### **Symptoms patient is facing**

Cough - Yes

Expectoration - No

Throat Pain - Yes

Swallowing - No

Fever- Yes

Chest Pain - Yes

Wheeze - No

Breathlessness - No

### **Rating**

Rating on the scale of 10 - 2

### **How is the condition**

Condition - Constant

### **Suffering since when**

since - 10-15\_days

### **Medical History**

High blood pressure - undefined

Diabetes - yes

Cholestrol - undefined

### **Allergy**

Any food/drugs allergy - No,

### **Surgical History**

Had any surgery in past - no

### **Social History**

Smoke consumption- undefined

Alcohol consumption - yes

Tobacco consumption - undefined

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