

## **Patient Detail Form!**

### **Basic details**

Reason for visitation - Respiratory Disease

Firstname - sa

Lastname - dssd

Age - 22

Gender - Female

Email id- vaishnavigupta292@gmail.com

Contact detail - 9926202207

### **Symptoms patient is facing**

Cough - undefined

Expectoration - undefined

Throat Pain - undefined

Swallowing - undefined

Fever- undefined

Chest Pain - undefined

Wheeze - undefined

Breathlessness - No

### **Rating**

Rating on the scale of 10 - 8

### **How is the condition**

Condition - Constant

### **Suffering since when**

since - Today

### **Medical History**

High blood pressure - yes

Diabetes - undefined

Cholestrol - undefined

### **Allergy**

Any food/drugs allergy - No,

### **Surgical History**

Had any surgery in past - no

### **Social History**

Smoke consumption- yes

Alcohol consumption - undefined

Tobacco consumption - undefined

Contact details: 9372182521  
Email: [Info@diagnosec.com](mailto:Info@diagnosec.com)  
Website: <https://diagnosec.com>