

## **Patient Detail Form!**

### **Basic details**

Reason for visitation - Heart Disease

Firstname - ss

Lastname - ddd

Age - 33

Gender - Female

Email id- taniya@gmail.com

Contact detail - 9926202207

### **Symptoms patient is facing**

Chest-pain - undefined

Palpitation - undefined

Sudden sweating - undefined

Upper back pain - undefined

Jaw neck pain- undefined

Breathlessness - No

Sudden fear of life - undefined

### **Rating**

Rating on the scale of 10 - 7

### **How is the condition**

Condition - Constant

### **Suffering since when**

since - more\_than\_one\_month

### **Medical History**

High blood pressure - yes

Diabetes - yes

Cholesterol - undefined

### **Allergy**

Any food/drugs allergy - No,

### **Surgical History**

Had any surgery in past - no

### **Social History**

Smoke consumption- yes

Alcohol consumption - yes

Tobacco/Gutka consumption - undefined

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