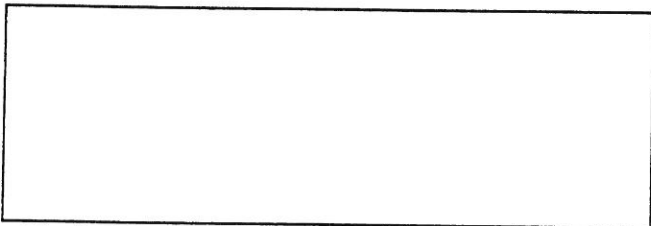


Concept Map

Issue / Problem: _____

Issue / Problem: _____



Medical Diagnosis/Reason for Seeking Healthcare

Issue / Problem: _____

Issue / Problem: _____
