# **Initial Medical Assessment**

Patient Name: Mrs. ert test Date of Birth: 12-Dec-1950

Consultation Date: 2-Aug-2011

**Presenting Complaint:** 

### Measurement:

 Height: 67.7 inches
 Neck: 10 inches
 PR: 0

 Weight: 286.6 lbs
 Waist: 20 inches
 RR: 0

 BMI: 46.6
 Hip: 30 inches
 BP: 0 / 0

Ideal Weight: 130.2 lbs WHR: 0.7

Excess Weight: 156.4 lbs

#### **Current Health Status:**

She has no associated medical problems.

On review of systems there were no other relevant health problems.

### **Current Medications:**

She is currently not under any medication.

### **Weight Loss History:**

There is a history of weight gain in recent years with a known weight gain of approximately 22 lbs in the last 5 years.

# Relevant family and past medical or surgical history:

There is not any relevant history background.

# Past history re health:

There is not any relevant history.

# Allergies:

She or any of her family had an adverse reaction to an anesthetic; 123

She has a tendency to bleed excessively

Physical Examination:
Labs:
Investigations and Referrals: There are no investigations planned.
There are no referrals planned.
Management Plan:
Medical Provider