

Weight Management Evaluation

Patient Name	:	Alston Rebello				Emirates ID	:	784-1991-2906159-3	
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Ahmad Irfan	Date	:	2024-02-16	

HEIGHT:m,m,mhhh

WEIGHT:chg

BMI :chgghg

Medical Conditions / Diseases :

Are you currently on any medications ? Please List :chg

Have you undergone any surgeries ? Please List : chg

Lab Tests / MRI :chgghg

For Females Only:

How Many Pregnancies have you had ? cghgh

How Many Children ? chg

Have you Undergone hysterectomy or removal of ovaries ?

☐ Yes

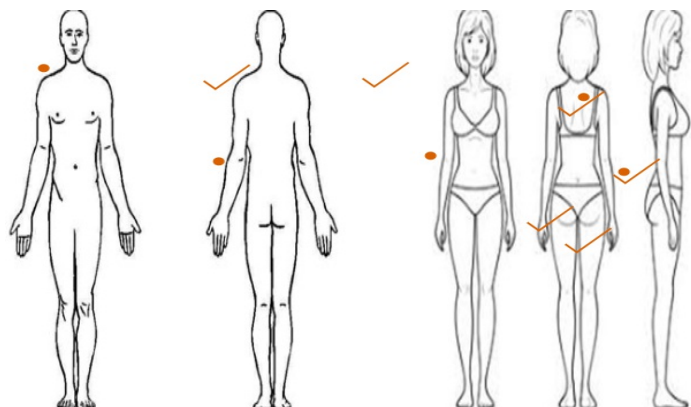
If yes ,what was the And Date ?
reason for surgery ? cghg 12/16/2023
12:00:00 AM

☒ No

When was you las menstrual Period ? 11/11/2023 12:00:00 AM

How many days did it last ?
chgghg

Do you ever have irregular cycles or abnormal cycles ? chhghg



CONCERN AREAS / AFFECTED AREAS chg

Target BMI : cghg



Target Weight : chg

TREATMENT PROGRAM chg

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT

DOCTOR

	
<p>Patient Name Alston Rebello</p> <p>Date 2024-02-16 (11:30 - 11:45)</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2024-02-16 (11:30 - 11:45)</p>

