

## Weight Management Evaluation

|              |   |                |               |   |                    |
|--------------|---|----------------|---------------|---|--------------------|
| Patient Name | : | tousif toplife | Emirates ID   | : | 111-1111-1111111-1 |
| File No      | : | 5              | DOB           | : | 2021-06-16         |
| Nationality  | : | Other          |               |   |                    |
| Gender       | : | Male           | Doctor's Name | : | Ahmad Irfan        |
| Date         | : | 2023-12-09     |               |   |                    |

HEIGHT:s

WEIGHT:s

BMI :s

Medical Conditions / Diseases :s

Are you currently on any medications ? Please List :s

Have you undergone any surgeries ? Please List : s

Lab Tests / MRI :s

For Females Only:

How Many Pregnancies have you had ? s

How Many Children ? s

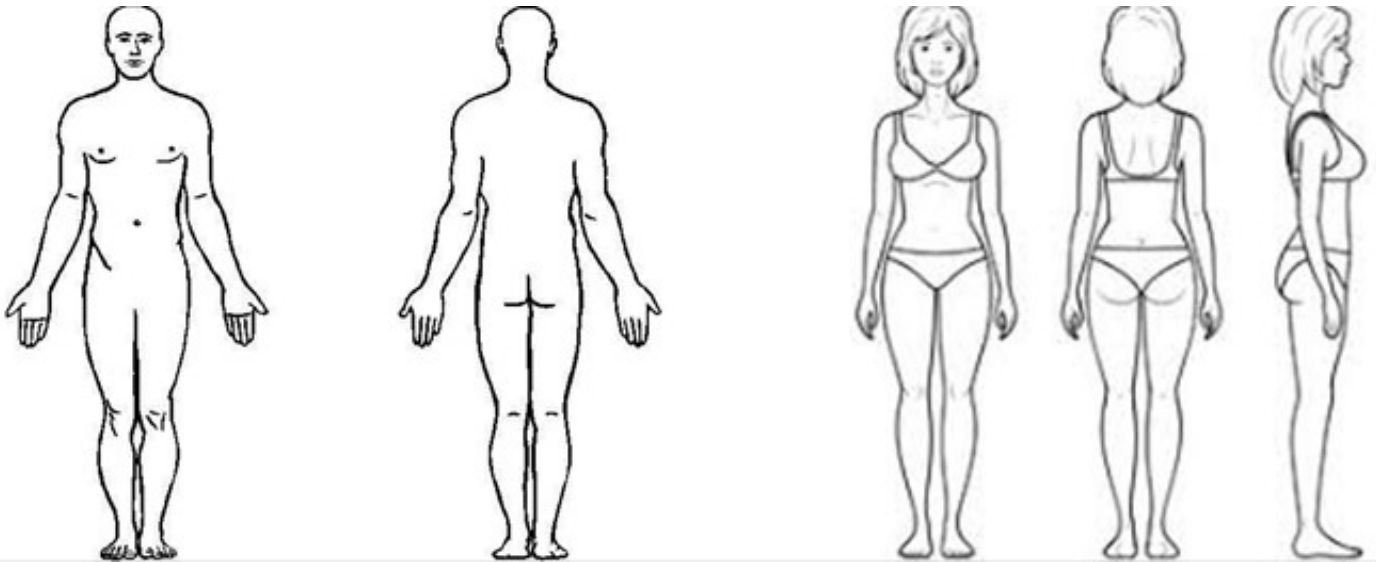
Have you Undergone hysterectomy  
or removal of ovaries ?

☒ Yes If yes ,what was the reason forAnd Date ? 12/15/2023 12:00:00 AM  
surgery ? s

☐ No

When was you las menstrual Period ? 12/15/2023 12:00:00 AM How many days did it last ? s

Do you ever have irregular cycles or abnormal cycles ? s



CONCERN AREAS / AFFECTED AREAS s

Target BMI : s


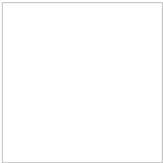
Target Weight : s

TREATMENT PROGRAM s

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

PATIENT

DOCTOR

|   |  |
|---|--|
|  |  |
| <p>Patient Name<br/>tousif toplife</p> <p>Date<br/>2023-12-09 16:30</p>           | <p>Doctor Name<br/>Ahmad - Hijama (GD007)</p> <p>Date<br/>2023-12-09 16:30</p>     |