

Weight Management Evaluation

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian	Date	:	2024-03-09
Gender	:	Male	Doctor's Name	:	Ahmad Irfan

HEIGHT:dd

WEIGHT:d

BMI :d

Medical Conditions / Diseases :

Are you currently on any medications ? Please List :d

Have you undergone any surgeries ? Please List : d

Lab Tests / MRI :d

For Females Only:

How Many Pregnancies have you had ? d

How Many Children ? d

Have you Undergone hysterectomy or removal of ovaries ?

☒ Yes

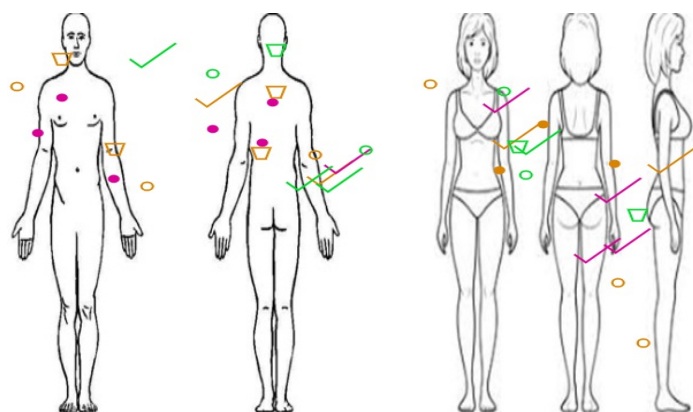
☐ No

If yes ,what was the reason for surgery ? d And Date ?
3/9/2024 12:00:00 AM

When was you las menstrual Period ? 3/9/2024 12:00:00 AM

How many days did it last ? d

Do you ever have irregular cycles or abnormal cycles ?



CONCERN AREAS / AFFECTED AREAS

Target BMI :



Target Weight :

TREATMENT PROGRAM aaasss

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

PATIENT

DOCTOR

	
<p>Patient Name Alston Rebello</p> <p>Date 2024-03-09 (09:30 - 09:45)</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2024-03-09 (09:30 - 09:45)</p>

