

Weight Management Evaluation

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-12			

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

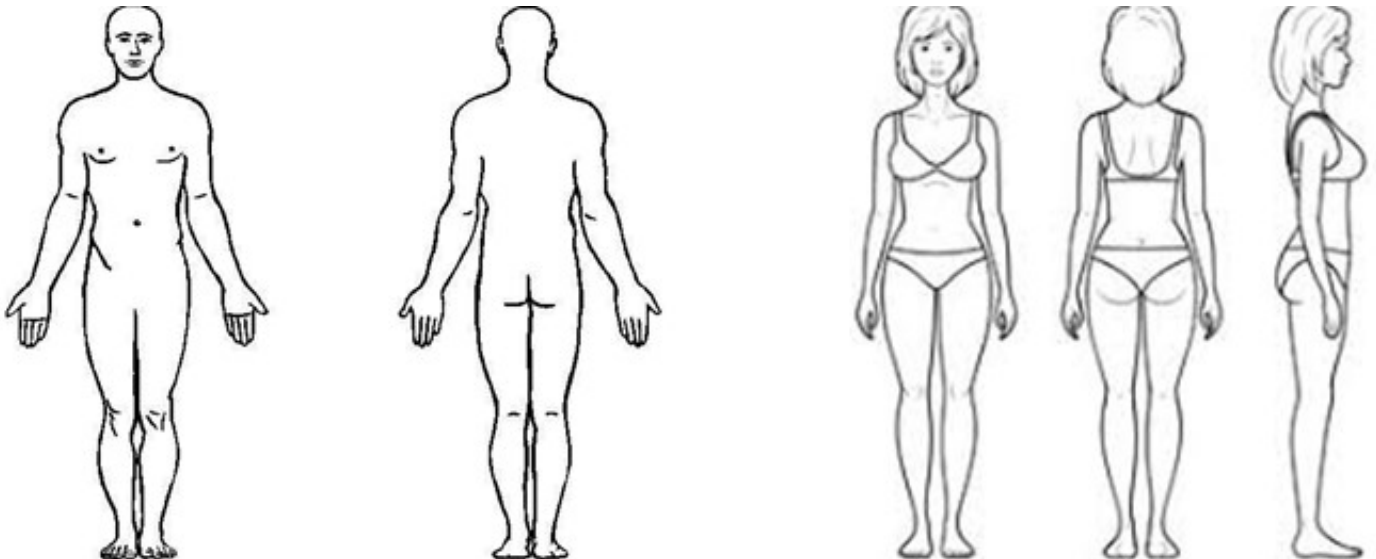
Have you Undergone hysterectomy
or removal of ovaries ?

☐ Yes If yes , what was the reason for surgery ? s And Date ? 12/13/2023 12:00:00 AM

☒ No

When was you las menstrual Period ? 12/13/2023 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

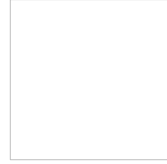
Target Weight : s

TREATMENT PROGRAM s

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

PATIENT

DOCTOR



Patient Name
sai krishna

Date
2023-12-12 09:00

Doctor Name
Ahmad - Hijama (GD007)

Date
2023-12-12 09:00