

Weight Management Evaluation

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-09			

HEIGHT:s

WEIGHT:ss

BMI :ss

Medical Conditions / Diseases :ss

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 ? ss

How Many Children ? s

Have you Undergone hysterectomy or removal of ovaries ?

☐ Yes

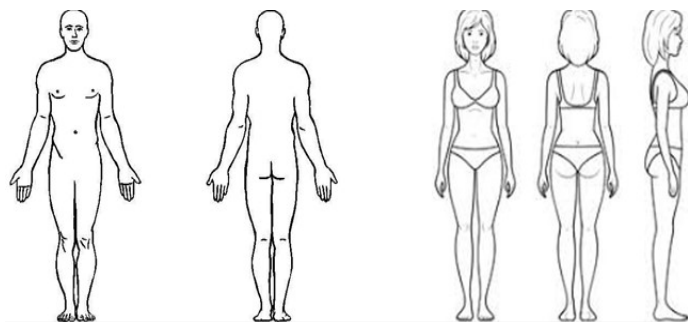
☐ No

If yes ,what was the reason for surgery ? s
And Date ?
12/15/2023
12:00:00
AM

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


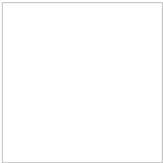
Target Weight : s

TREATMENT PROGRAM s

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

PATIENT

DOCTOR

	
<div>Patient Name Reshma Siya</div> <div>Date 2023-12-09 21:45</div>	<div>Doctor Name Ahmad - Hijama (GD007)</div> <div>Date 2023-12-09 21:45</div>