

Weight Management Evaluation

| | | | | | |
|--------------|---|----------------|---------------|---|--------------------|
| Patient Name | : | Alston Rebello | Emirates ID | : | 784-1991-2906159-3 |
| File No | : | 17 | DOB | : | 1996-06-20 |
| Nationality | : | Indian | Date | : | 2024-01-19 |
| Gender | : | Male | Doctor's Name | : | Ahmad Irfan |

HEIGHT:

WEIGHT:

BMI :

Medical Conditions / Diseases :

Are you currently on any medications ? Please List :

Have you undergone any surgeries ? Please List :

Lab Tests / MRI :

For Females Only:

How Many Pregnancies have you had ?

How Many Children ?

Have you Undergone hysterectomy or removal of ovaries ?

☐ Yes

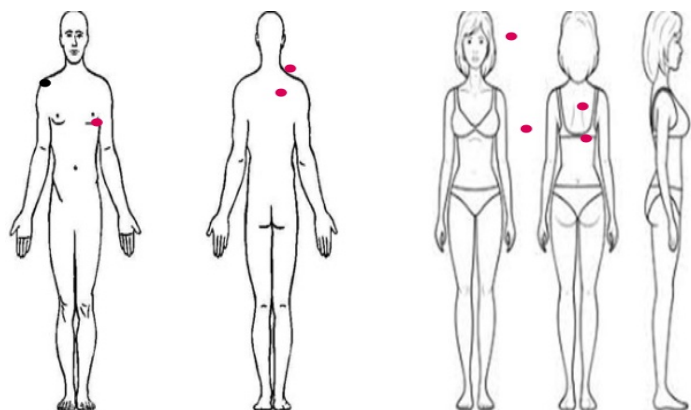
☐ No

If yes ,what was the reason for surgery ? And Date ?
1/22/2024
12:00:00 AM

When was you las menstrual Period ? 1/22/2024 12:00:00 AM

How many days did it last ?

Do you ever have irregular cycles or abnormal cycles ?




CONCERN AREAS / AFFECTED AREAS

Target BMI :

Target Weight :

TREATMENT PROGRAM

| | |
|--|--------|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |

| | |
|---|--|
| |  |
| <div>Patient Name Alston Rebello</div> <div>Date 2024-01-19 10:15</div> | <div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-01-19 10:15</div> |

