

Weight Management Evaluation

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
			Date	:	2024-02-16

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

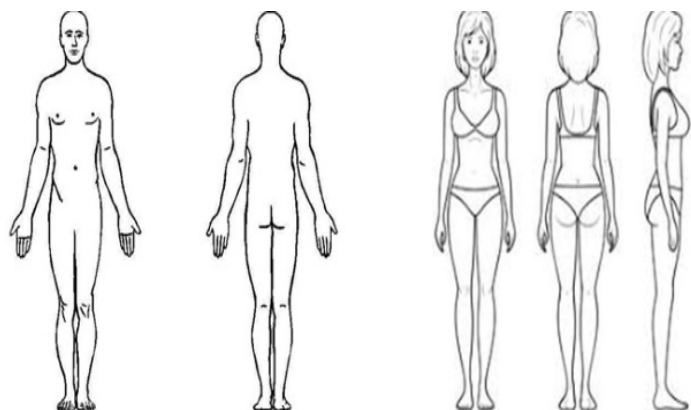
☐ No

If yes ,what was the reason for surgery ? And Date ?
2/22/2024
12:00:00 AM

When was you las menstrual Period ? 2/22/2024 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

	
<p>Patient Name Alston Rebello</p> <p>Date 2024-02-16 (11:30 - 11:45)</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2024-02-16 (11:30 - 11:45)</p>

