

Weight Management Evaluation

Patient Name	:	tousif toplife	Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB	:	2021-06-16
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
			Date	:	2023-12-09

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 ?**

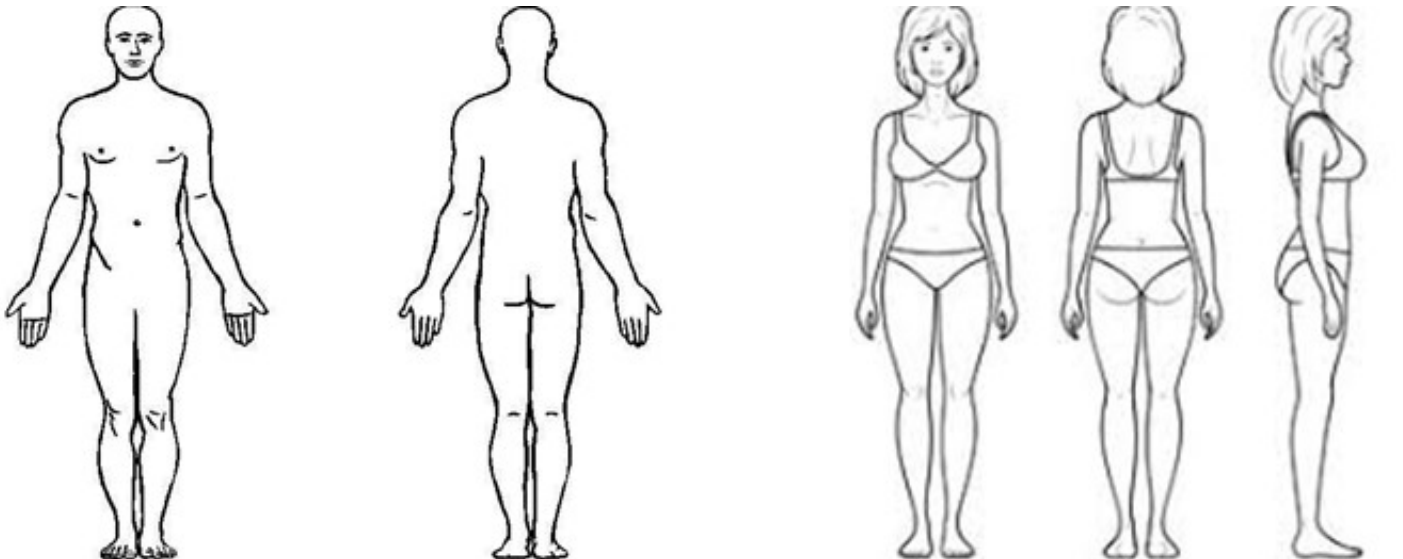
**If yes , what was the reason for And Date ? 12/13/2023
surgery ? s 12:00:00 AM**

☒ **Yes**

☐ **No**

**When was you las menstrual Period ? How many days did it last ? s
12/13/2023 12:00:00 AM**

Do you ever have irregular cycles or abnormal cycles ? s



CONCERN AREAS / AFFECTED AREAS s

Target BMI : s


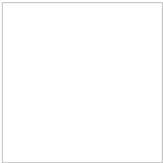
Target Weight : s

TREATMENT PROGRAM s

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

PATIENT

DOCTOR

	
<div>Patient Name tousif toplife</div> <div>Date 2023-12-09 16:30</div>	<div>Doctor Name Ahmad - Hijama (GD007)</div> <div>Date 2023-12-09 16:30</div>