

## Weight Management Evaluation

|              |   |                |               |   |             |             |   |                    |
|--------------|---|----------------|---------------|---|-------------|-------------|---|--------------------|
| Patient Name | : | Alston Rebello |               |   |             | Emirates ID | : | 111-1111-1111111-1 |
| File No      | : | 17             | DOB           | : | 1996-06-20  | Nationality | : | Indian             |
| Gender       | : | Male           | Doctor's Name | : | Ahmad Irfan | Date        | : | 2023-12-19         |

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

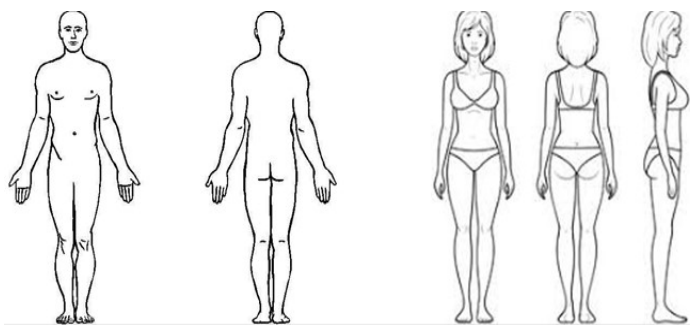
☐ No

If yes ,what was the reason for surgery ? s And Date ?  
12/20/2023  
12:00:00 AM

When was you las menstrual Period ? 12/20/2023 12:00:00 AM

How many days did it last ? s

Do you ever have irregular cycles or abnormal cycles ? ss



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  
Alston Rebello

Date  
2023-12-19 12:30

Doctor Name  
Ahmad - Hijama (GD007)

Date  
2023-12-19 12:30