

Weight Management Evaluation

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
			Date	:	2024-03-01

HEIGHT:gdffgdf

WEIGHT:gdffg

BMI :dgdf

Medical Conditions / Diseases :

Are you currently on any medications ? Please List :gdffgdf

Have you undergone any surgeries ? Please List : gdffgdf

Lab Tests / MRI :gdffg

For Females Only:

How Many Pregnancies have you had ? dffgdfg

How Many Children ? gdffgdfg

Have you Undergone hysterectomy or removal of ovaries ?

☒ Yes

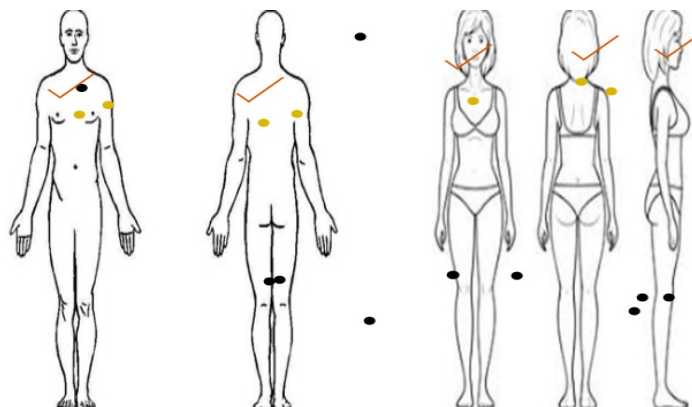
☐ No

If yes ,what was the And Date ?
reason for surgery ? 2/1/2024
dffgdfg 12:00:00 AM

When was you las menstrual Period ? 2/1/2024 12:00:00 AM

How many days did it last ?
gdffg

Do you ever have irregular cycles or abnormal cycles ? gdffgdf



CONCERN AREAS / AFFECTED AREAS dffgdfg

Target BMI : dgdfg



Target Weight : dffgdfg

TREATMENT PROGRAM dffgdfg

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

PATIENT

DOCTOR

	
<p>Patient Name Reshma Siya</p> <p>Date 2024-03-01 (11:15 - 11:30)</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2024-03-01 (11:15 - 11:30)</p>

