

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	:	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

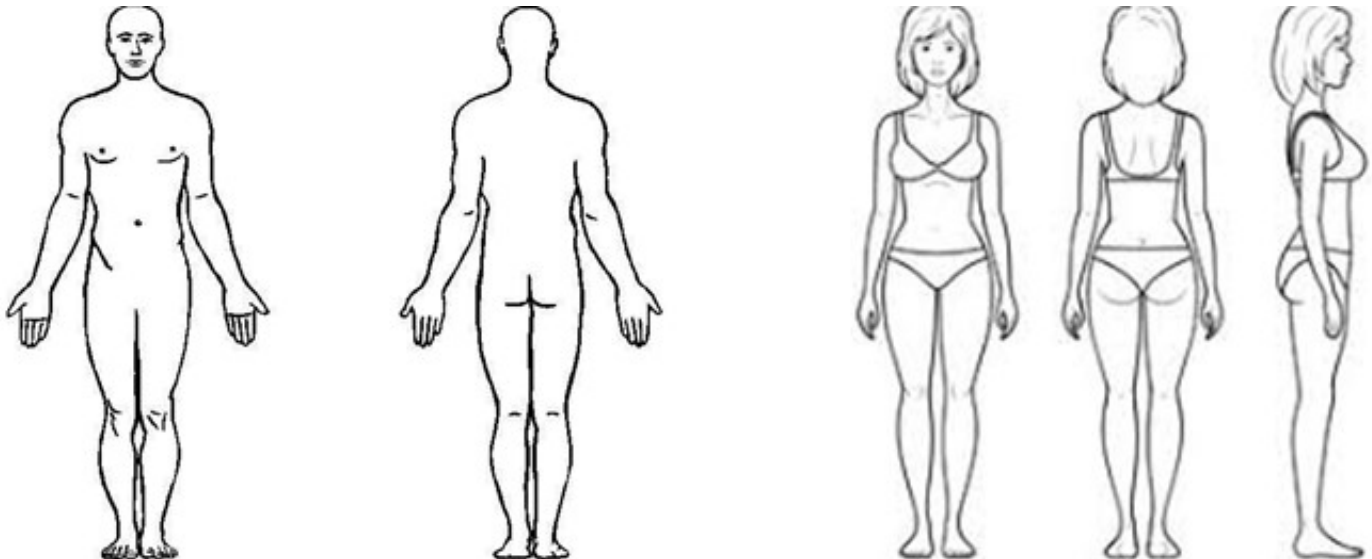
Have you Undergone hysterectomy
or removal of ovaries ?

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

☐ No

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

Do you ever have irregular cycles or abnormal cycles ? s



CONCERN AREAS / AFFECTED AREAS s

Target BMI : s


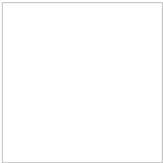
Target Weight : s

TREATMENT PROGRAM s

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

PATIENT

DOCTOR

	
<div>Patient Name Reshma Siya</div> <div>Date 2023-12-09 21:45</div>	<div>Doctor Name Ahmad - Hijama (GD007)</div> <div>Date 2023-12-09 21:45</div>