

Weight Management Evaluation

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

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

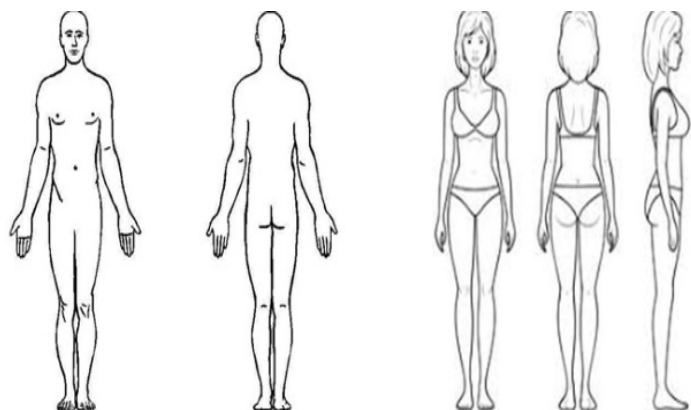
If yes ,what was the And Date ?
reason for surgery ? 3/1/2024
12:00:00 AM

☐ No

When was you las menstrual Period ? 3/1/2024 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 Reshma Siya</p> <p>Date 2024-03-01 (13:15 - 13:30)</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2024-03-01 (13:15 - 13:30)</p>

