

Weight Management Evaluation

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

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 : ss

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

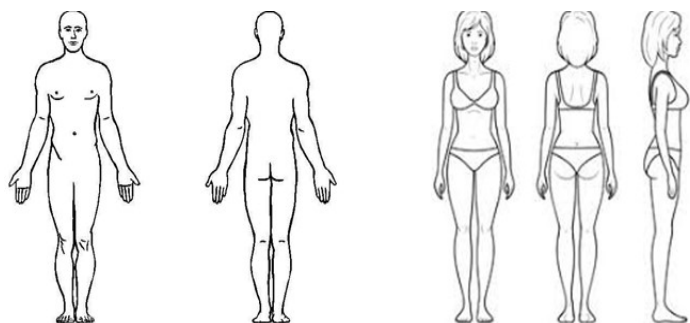
☐ No

If yes ,what was the reason for surgery ? s And Date ?
12/26/2023
12:00:00 AM

When was you las menstrual Period ? 12/6/2023 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

Handwritten signature



Patient Name
Alston Rebello

Date
2023-12-19 12:30

Doctor Name
Ahmad Irfan - Hijama (GD007)

Date
2023-12-19 12:30