

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	:	2024-03-04			

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

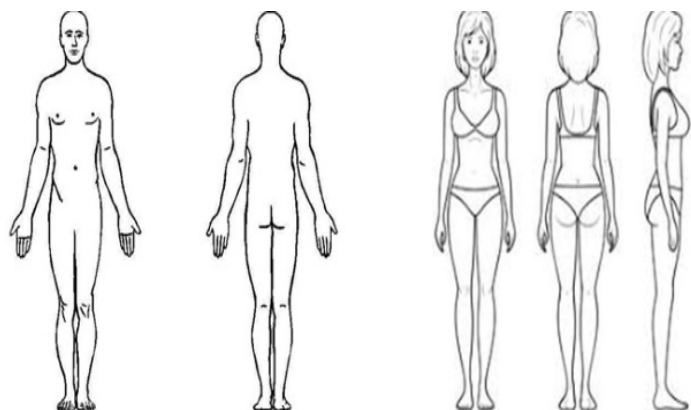
☐ No

If yes ,what was the reason for surgery ? And Date ?
3/4/2024 12:00:00 AM

When was you las menstrual Period ? 3/4/2024 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 gregrtre

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

	
<p>Patient Name Reshma Siya</p> <p>Date 2024-03-04 (10:45 - 11:00)</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2024-03-04 (10:45 - 11:00)</p>

