

Weight Management Evaluation

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2024-04-16			

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 ?

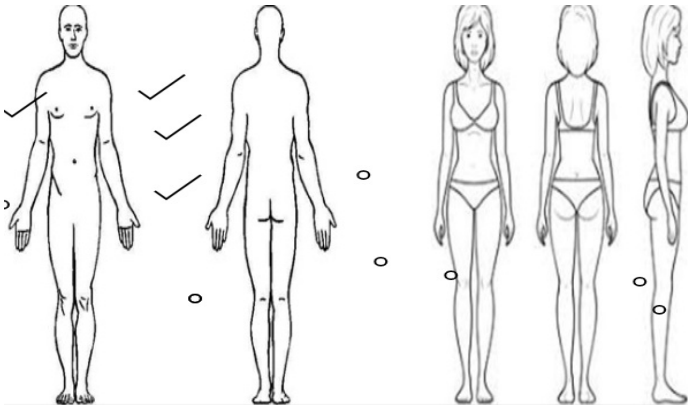
And Date ?

4/19/2024 12:00:00 AM

When was you las menstrual Period ? 4/19/2024 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 ewrwr

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

	
<div>Patient Name Alston Rebello</div> <div>Date 2024-04-16 (09:15 - 09:30)</div>	<div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-04-16 (09:15 - 09:30)</div>