

Weight Management Evaluation

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

HEIGHT:ss

WEIGHT:ss

BMI :ss

Medical Conditions / Diseases :ss

Are you currently on any medications ? Please List :ss

Have you undergone any surgeries ? Please List : ss

Lab Tests / MRI :ss

For Females Only:

How Many Pregnancies have you had ? ss

How Many Children ? s

Have you Undergone hysterectomy or removal of ovaries ?

☐ Yes

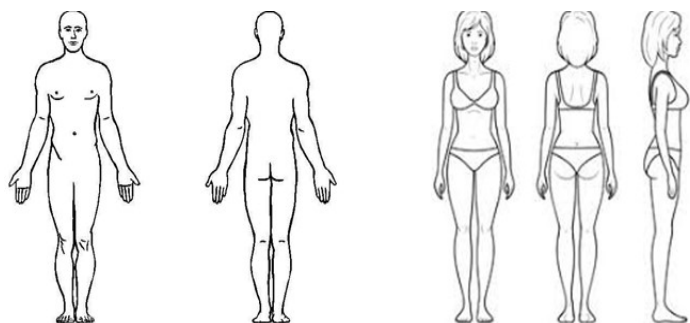
☒ No

If yes ,what was the reason for surgery ? s And Date ?
1/2/2024
12:00:00 AM

When was you las menstrual Period ? 1/3/2024 12:00:00 AM

How many days did it last ? s

Do you ever have irregular cycles or abnormal cycles ? ss



CONCERN AREAS / AFFECTED AREAS ss

Target BMI : ss



Target Weight : sss

TREATMENT PROGRAM ss

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

PATIENT

DOCTOR

	
<p>Patient Name Alston Rebello</p> <p>Date 2023-12-19 12:30</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2023-12-19 12:30</p>