

## Weight Management Evaluation

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-01-04			

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 : s

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

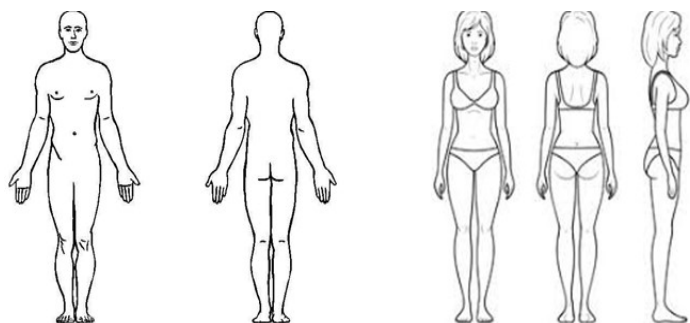
If yes ,what was the reason for surgery ? s And Date ?  
1/1/2024  
12:00:00 AM

☐ No

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 ? s



CONCERN AREAS / AFFECTED AREAS s

Target BMI : s


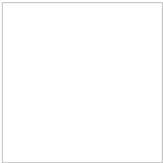
Target Weight : s

TREATMENT PROGRAM s

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

PATIENT

DOCTOR

	
<div>Patient Name sai krishna</div> <div>Date 2024-01-04 21:00</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-01-04 21:00</div>