

Weight Management Evaluation

Patient Name	:	Vision Test Patient	Emirates ID	:	784-6987-5266587-7
File No	:	2	DOB	:	2020-06-17
Nationality	:	Indian			
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-07			

HEIGHT:s

WEIGHT:s

BMI :s

Medical Conditions / Diseases :ss

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

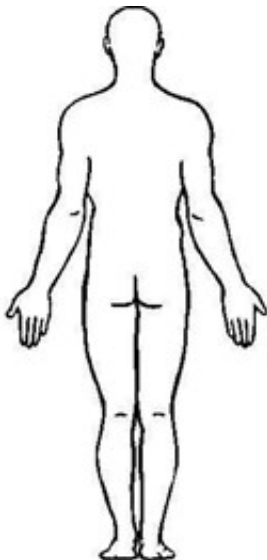
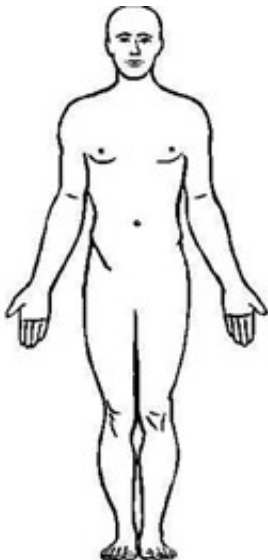
If yes ,what was the reason forAnd Date ? 12/15/2023 12:00:00
surgery ? s AM

☐ No

When was you las menstrual Period ? 12/15/2023 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
	
Patient Name Vision Test Patient Date 2023-12-07 09:45	Doctor Name Ahmad - Hijama (GD007) Date 2023-12-07 09:45