

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	:	2024-02-15

HEIGHT:e

WEIGHT:e

BMI :e

Medical Conditions / Diseases :

Are you currently on any medications ? Please List :e

Have you undergone any surgeries ? Please List : e

Lab Tests / MRI :e

For Females Only:

How Many Pregnancies have you had ? e

How Many Children ? e

Have you Undergone hysterectomy or removal of ovaries ?

☐ Yes

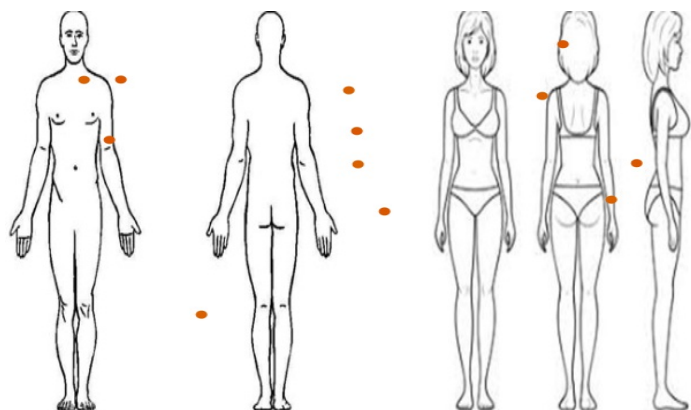
☒ No

If yes ,what was the And Date ?
reason for surgery ? e 12/9/2023
12:00:00 AM

When was you las menstrual Period ? 1/20/2024 12:00:00 AM

How many days did it last ? e

Do you ever have irregular cycles or abnormal cycles ? ee



CONCERN AREAS / AFFECTED AREAS e

Target BMI : e



Target Weight : e

TREATMENT PROGRAM e

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

PATIENT

DOCTOR

	
<p>Patient Name Alston Rebello</p> <p>Date 2024-02-15 (08:45 - 09:00)</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2024-02-15 (08:45 - 09:00)</p>

