

House of Therapy Hijamah Information Form

Full name:

D.O.B.:

Phone no.

Email:

Address:

POSTCODE:

Do you have any medical conditions? Yes No

If yes, please specify:

Have you been diagnosed with any Psychiatric or Mental illnesses? i.e. Depression, Panic attacks, etc. Yes No

If yes, please specify:

Do you have any Dermatological conditions? Yes No

If yes, please specify:

Are you prone to hyper-pigmentation/scarring?

Are you suffering from any spiritual afflictions? Yes No

If yes, have you been diagnosed? How long ago?

Has the affliction manifested outside of performing Ruqyah? Yes No

Women only: Are you pregnant? Yes No

Reason for getting Hijamah done:

HOUSE
of
THERAPY