

Hijjama Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
			Date	:	2024-01-19

FULL NAME::Alston

CONTACT NO.:971506245967

AGE :27

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA

HISTORY:NA

DIAGNOSIS:NA

TREATMENT POINTS :gg

EXAMINATION:

Mental Status: ☒Oriented ☒Disoriented ☒Impaired Cognition ☒Others

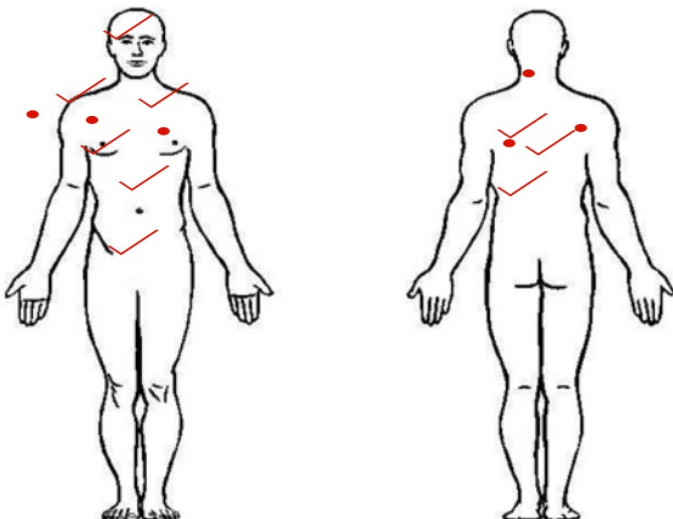
Pain Assessment Score: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☒7 ☐8 ☐9 ☐10

AFFECTED BODY PARTS:g



OBSERVATION INSPECTION:g

SPECIAL TEST:g

FOLLOW UP SESSIONS:g



Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-01-19 10:15	Doctor Name Ahmad Irfan - Hijama (GD007) Date 2024-01-19 10:15

