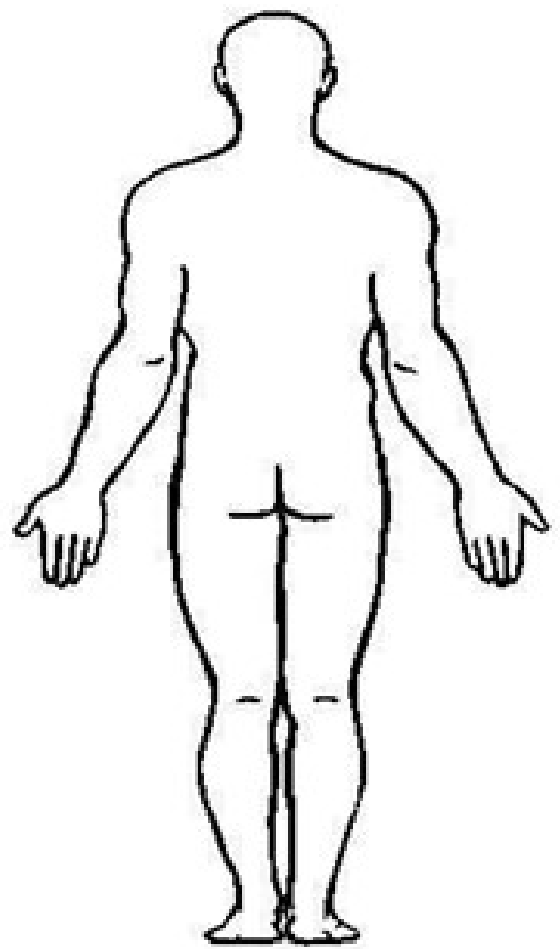
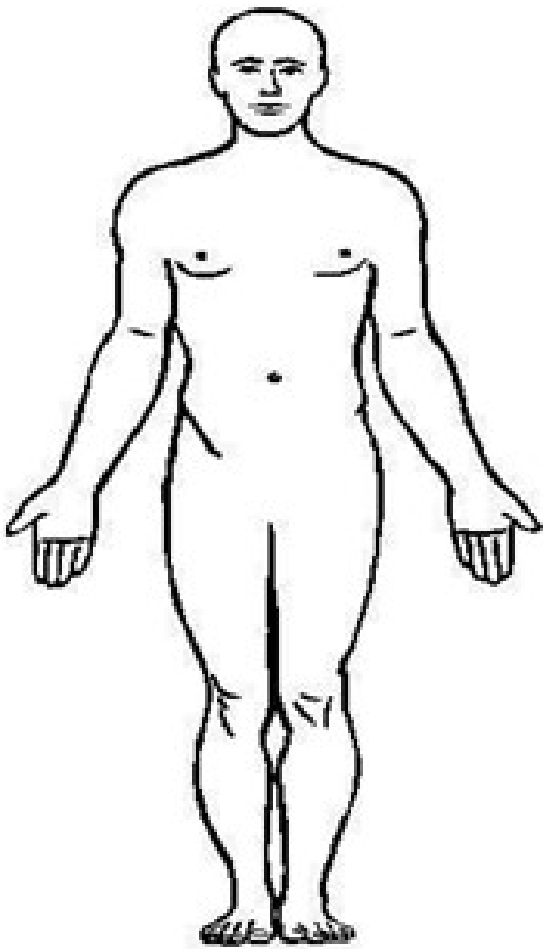


Hijjama Assessment Form

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
			Date	:	2023-12-12


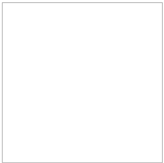
FULL NAME: sai krishna		CONTACT NO:971508764532		AGE :27	
Referring Healthcare Professional :Ahmad Irfan					
PROPHYLACTIC			THERAPEUTIC		
CHIEF COMPLAIN s					
DIAGNOSIS			HISTORY ss		
NA					
TREATMENT POINTS :s					
EXAMINATION:					
Mental Status: <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Disoriented <input type="checkbox"/> Impaired Cognition <input type="checkbox"/> Others					

Pain Assessment Score:	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
AFFECTED BODY PARTS:s	
OBSERVATION INSPECTION:s	
SPECIAL TEST:s	
FOLLOW UP SESSIONS:s	



Evaluated by:Ahmad Irfan

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

	
<div>Patient Name</div> <div>sai krishna</div> <div>Date</div> <div>2023-12-12 09:00</div>	<div>Doctor Name</div> <div>Ahmad - Hijama (GD007)</div> <div>Date</div> <div>2023-12-12 09:00</div>