

# Hijjama Assessment Form

Patient Name	:	AMERA Elhakim		Emirates ID	:	784-1996-3905857-9				
File No	:	50312	DOB	:	1996-09-21		Nationality	:	Egyptian	
Gender	:	Female	Doctor's Name	:	Maher Zahed Elsayed		Date	:	2024-01-18	

FULL NAME::AMERA Elhakim      CONTACT NO.:971557586778      AGE :27

Referring Healthcare professional : Maher Zahed Elsayed

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA      HISTORY:NA  
DIAGNOSIS:NA

TREATMENT POINTS :

EXAMINATION:

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

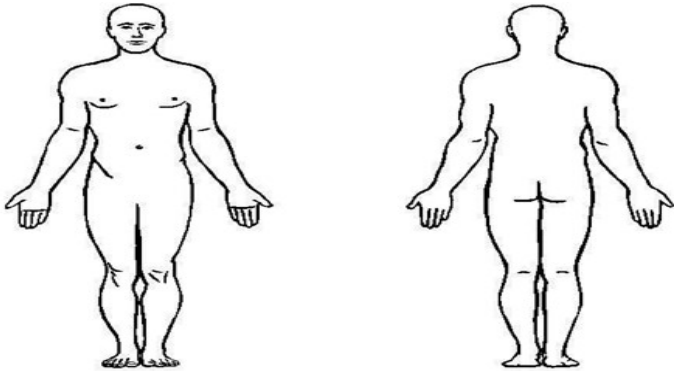
Pain Assessment Score:      ☒ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8    ☐ 9    ☐ 10

AFFECTED BODY PARTS:trt

OBSERVATION INSPECTION:

SPECIAL TEST:

FOLLOW UP SESSIONS:



Evaluated by :Maher Zahed Elsayed

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

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<div>Patient Name AMERA Elhakim  Date 2024-01-18 09:00</div>	<div>Doctor Name Maher Zahed Elsayed - Hijama (DHA-T-00221690)  Date 2024-01-18 09:00</div>

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