

Hijjama Assessment Form

Patient Name	:	Vision Test Patient	Emirates ID	:	784-6987-5266587-7
File No	:	2	DOB	:	2020-06-17
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
			Date	:	2023-12-07

FULL NAME::Vision

CONTACT NO.:971569874589

AGE :3

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

CHIEF COMPLAIN:ss

DIAGNOSIS:NA

THERAPEUTIC

HISTORY:s

TREATMENT POINTS :s

EXAMINATION:

Mental Status:

☒ Oriented

☐ Disoriented

☐ Impaired
Cognition

☐ Others

Pain Assessment Score:

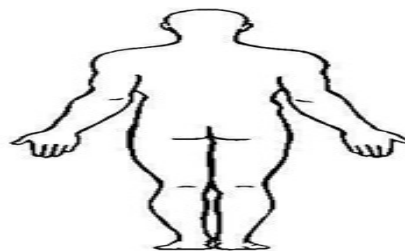
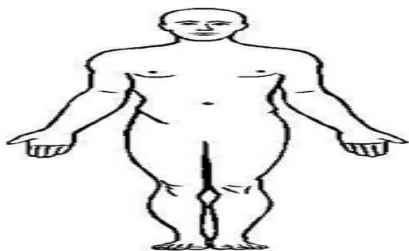
☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

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<div>Patient Name</div> <div>Vision Test Patient</div> <div>Date</div> <div>2023-12-07 09:45</div>	<div>Doctor Name</div> <div>Ahmad - Hijama (GD007)</div> <div>Date</div> <div>2023-12-07 09:45</div>
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