

Hijjama Assessment Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	dermatology derma
			Date	:	2024-03-09

FULL NAME::Reshma

CONTACT NO.:971522058819

AGE :28

Referring Healthcare professional : dermatology derma

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA

HISTORY:NA

DIAGNOSIS:NA

TREATMENT POINTS :sss

EXAMINATION:

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

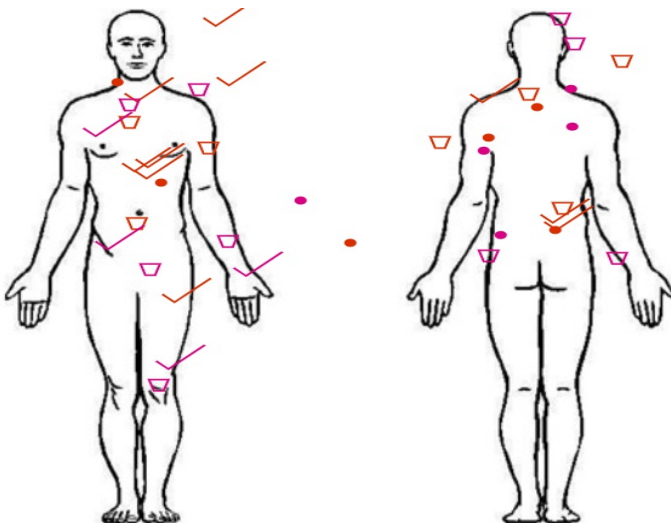
Pain Assessment Score: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

AFFECTED BODY PARTS:s



OBSERVATION INSPECTION:s

SPECIAL TEST:s

FOLLOW UP SESSIONS:sss



Evaluated by :dermatology derma

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Reshma Siya Date 2024-03-09 (19:30 - 19:45)	Doctor Name dermatology derma - Dermatology (0) Date 2024-03-09 (19:30 - 19:45)

