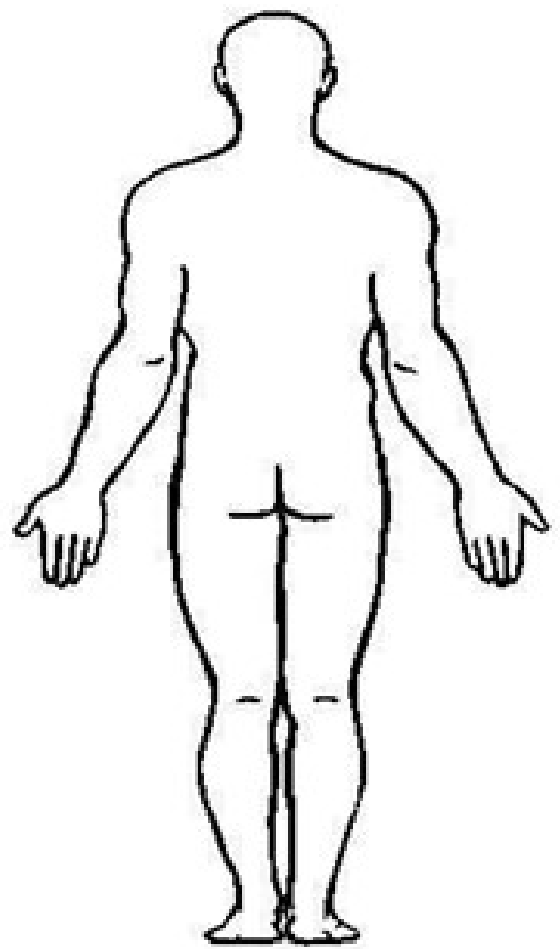
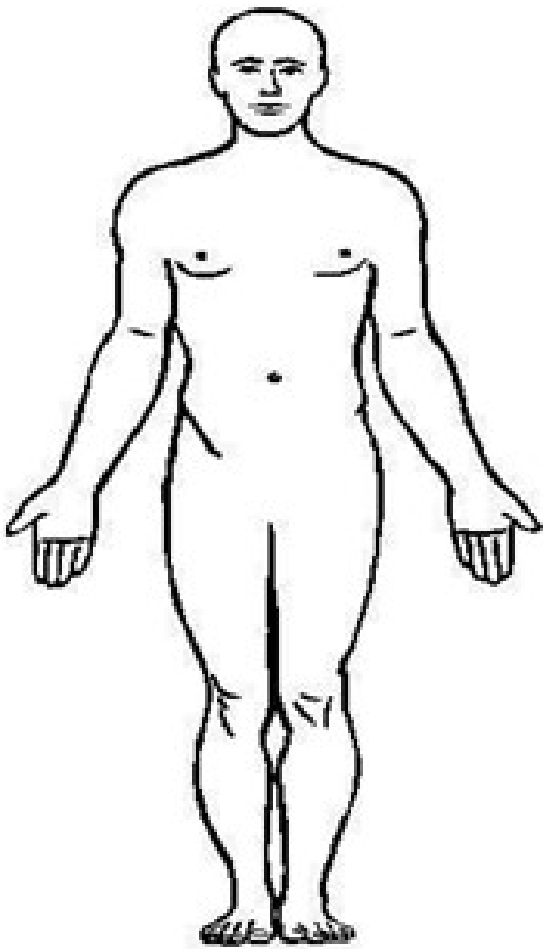


Hijjama Assessment Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
			Date	:	2023-12-09

FULL NAME: Reshma Siya		CONTACT NO: 971522058819		AGE : 28	
Referring Healthcare Professional : Ahmad Irfan					
PROPHYLACTIC			THERAPEUTIC		
CHIEF COMPLAINTS					
DIAGNOSIS			HISTORY		
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:	<div style="display: flex; justify-content: space-around; align-items: center;"> ○◐◑◒◓◔◕◖◗◘◙◚ </div>
AFFECTED BODY PARTS:s	1 2 3 4 5 6 7 8 9 10
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



Patient Name
Reshma Siya

Date
2023-12-09 21:45

Doctor Name
Ahmad - Hijama (GD007)

Date
2023-12-09 21:45