

Hijjama Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	111-1111-1111111-1
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian	Date	:	2023-12-15
Gender	:	Male	Doctor's Name	:	Ahmad Irfan

FULL NAME::Alston

CONTACT NO.:971506245967

AGE :27

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

CHIEF COMPLAIN:s

DIAGNOSIS:NA

THERAPEUTIC

HISTORY:ss

TREATMENT POINTS :s

EXAMINATION:

Mental Status:

☒Oriented

☐Disoriented

☐Impaired
Cognition

☐Others

Pain Assessment Score:

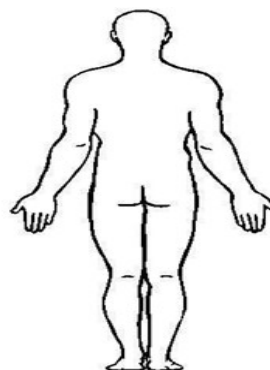
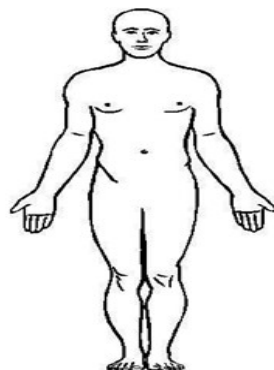
☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

AFFECTED BODY PARTS:ss

OBSERVATION INSPECTION:s

SPECIAL TEST:s

FOLLOW UP SESSIONS:s


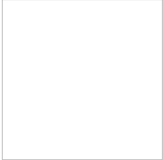


Evaluated by :Ahmad Irfan

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

PATIENT

DOCTOR

	
<div>Patient Name</div> <div>Alston Rebello</div> <div>Date</div> <div>2023-12-15 19:15</div>	<div>Doctor Name</div> <div>Ahmad - Hijama (GD007)</div> <div>Date</div> <div>2023-12-15 19:15</div>