

Hijjama Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian	Date	:	2024-03-09
Gender	:	Male	Doctor's Name	:	Ahmad Irfan

FULL NAME::Alston

CONTACT NO.:971506245967

AGE :27

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA

HISTORY:NA

DIAGNOSIS:NA

TREATMENT POINTS :

EXAMINATION:

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

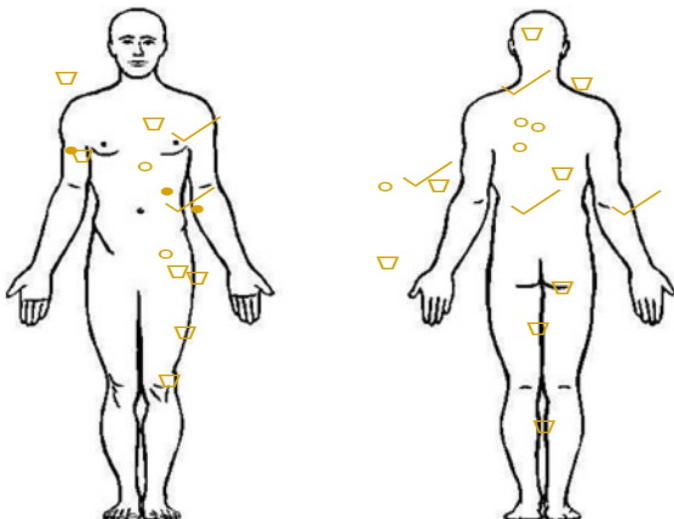
Pain Assessment Score: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

AFFECTED BODY PARTS:



OBSERVATION INSPECTION:

SPECIAL TEST:

FOLLOW UP SESSIONS:zzzz



Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-03-09 (09:30 - 09:45)	Doctor Name Ahmad Irfan - Hijama (GD007) Date 2024-03-09 (09:30 - 09:45)

