

## Hijjama Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
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

THERAPEUTIC

CHIEF COMPLAIN:NA

HISTORY:NA

DIAGNOSIS:NA

TREATMENT POINTS :ssss

EXAMINATION:

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

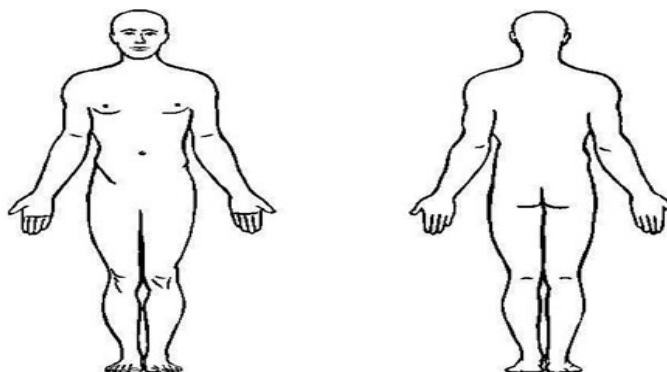
Pain Assessment Score:                      ☐1    ☐2    ☐3    ☐4    ☐5    ☐6    ☐7    ☐8    ☐9    ☐10

AFFECTED BODY PARTS:yyy

OBSERVATION INSPECTION:55



SPECIAL TEST:33

FOLLOW UP SESSIONS:wew



Evaluated by :Ahmad Irfan

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

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

