

Hijjama Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian	Date	:	2024-02-15
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 :sasds

EXAMINATION:

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

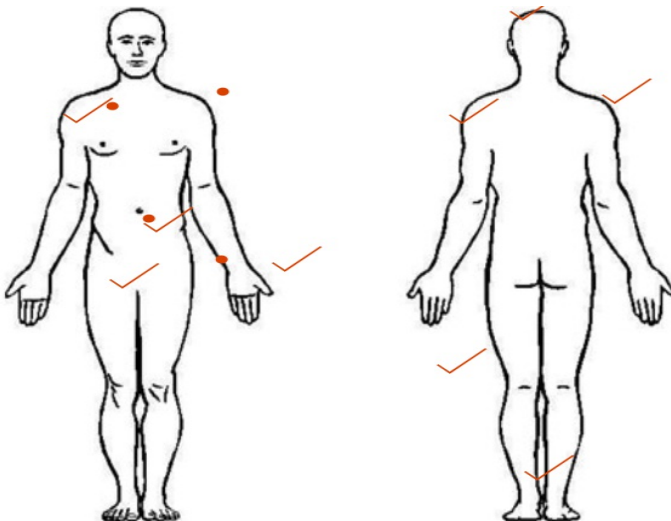
Pain Assessment Score: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

AFFECTED BODY PARTS:s



OBSERVATION INSPECTION:s

SPECIAL TEST:s

FOLLOW UP SESSIONS:s



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 2024-02-15 (08:45 - 09:00)	Doctor Name Ahmad Irfan - Hijama (GD007) Date 2024-02-15 (08:45 - 09:00)

