

Hijjama Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	111-1111-1111111-1
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian	Date	:	2023-12-19
Gender	:	Male	Doctor's Name	:	Ahmad Irfan

FULL NAME::Alston

CONTACT NO.:971506245967

AGE :27

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

CHIEF COMPLAIN:NA

DIAGNOSIS:NA

THERAPEUTIC

HISTORY:NA

TREATMENT POINTS :s

EXAMINATION:

Mental Status:

☒ Oriented

☐ Disoriented

☐ Impaired
Cognition

☐ Others

Pain Assessment Score:

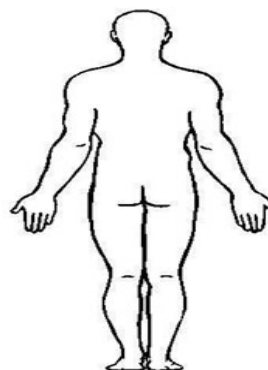
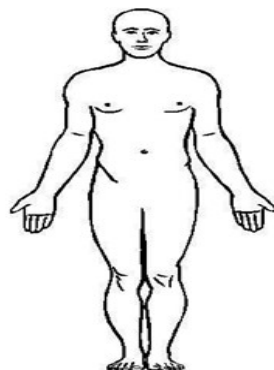
☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

AFFECTED BODY PARTS: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

	
<p>Patient Name Alston Rebello</p> <p>Date 2023-12-19 12:30</p>	<p>Doctor Name Ahmad - Hijama (GD007)</p> <p>Date 2023-12-19 12:30</p>