

## Hijjama Assessment Form

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-12			

FULL NAME: sai krishna	CONTACT NO:971508764532 AGE :27
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Referring Healthcare Professional :Ahmad Irfan
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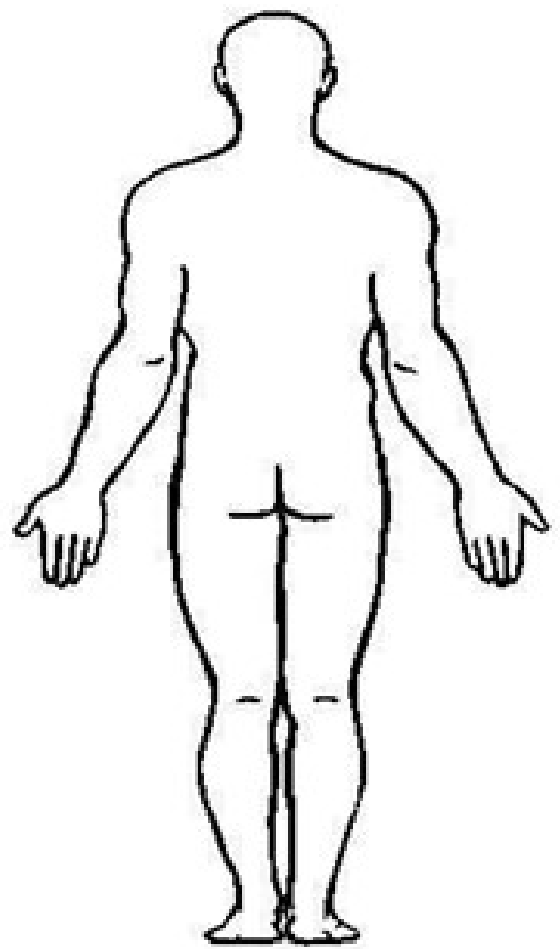
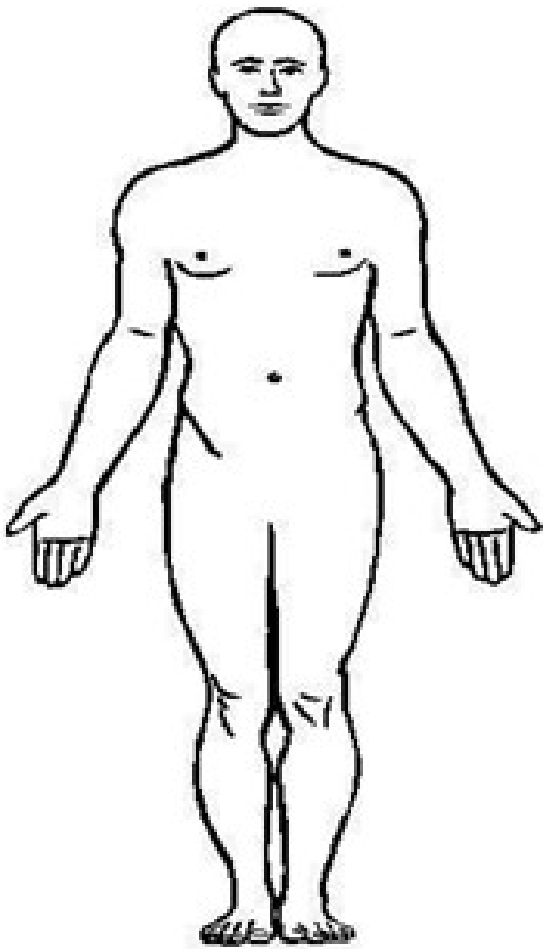
PROPHYLACTIC      THERAPEUTIC CHIEF COMPLAIN s  DIAGNOSIS              HISTORY ss  NA	
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TREATMENT POINTS :s
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EXAMINATION:
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Mental Status:	<input checked="" type="checkbox"/> Oriented	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Impaired Cognition	<input type="checkbox"/> Others
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Pain Assessment Score:  AFFECTED BODY PARTS:s OBSERVATION INSPECTION:s SPECIAL TEST:s FOLLOW UP SESSIONS:s	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <span>●</span><span>○</span><span>○</span><span>○</span><span>○</span><span>○</span><span>○</span><span>○</span><span>○</span><span>○</span> </div> <div style="display: flex; gap: 5px;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6</span><span>7</span><span>8</span><span>9</span><span>10</span> </div> </div> </div>
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Evaluated by:Ahmad Irfan

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



Patient Name  
sai krishna

Date  
2023-12-12 09:00

Doctor Name  
Ahmad - Hijama (GD007)

Date  
2023-12-12 09:00