

Hijjama Assessment Form

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
			Date	:	2024-03-01

FULL NAME::Reshma

CONTACT NO.:971522058819

AGE :28

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA

HISTORY:NA

DIAGNOSIS:NA

TREATMENT POINTS :fghfghfgh

EXAMINATION:

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

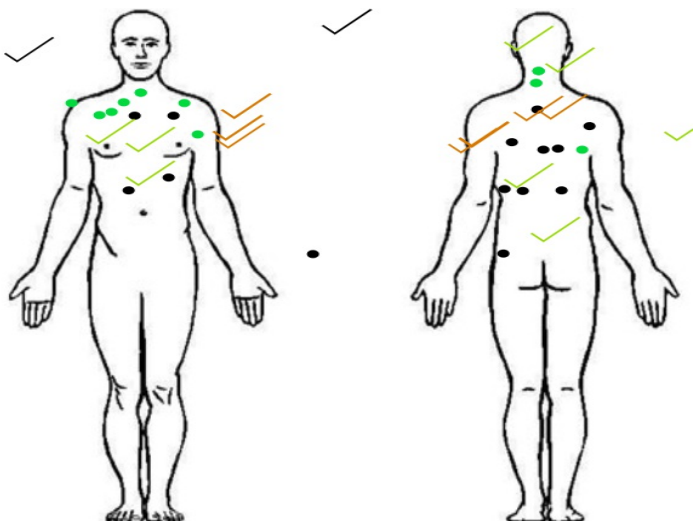
Pain Assessment Score: ☐1 ☐2 ☐3 ☒4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

AFFECTED BODY PARTS:fghbfghghfgh



OBSERVATION INSPECTION:ghfgh

SPECIAL TEST:fghfgh

FOLLOW UP SESSIONS:fghfghfgh



Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Reshma Siya Date 2024-03-01 (11:15 - 11:30)	Doctor Name Ahmad Irfan - Hijama (GD007) Date 2024-03-01 (11:15 - 11:30)

