

Hijjama Assessment Form

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

FULL NAME::Alston

CONTACT NO.:971506245967

AGE :27

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

CHIEF COMPLAIN:ss

DIAGNOSIS:NA

THERAPEUTIC

HISTORY:ss

TREATMENT POINTS :ss

EXAMINATION:

Mental Status:

☒ Oriented

☒ Disoriented

☐ Impaired
Cognition

☐ Others

Pain Assessment Score:

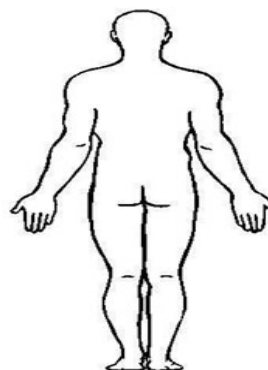
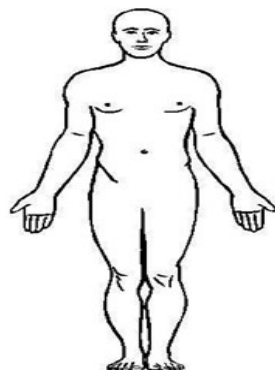
☐ 1
 ☒ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

AFFECTED BODY PARTS:sss

OBSERVATION INSPECTION:ss

SPECIAL TEST:ss

FOLLOW UP SESSIONS:ss



Evaluated by :Ahmad Irfan

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

PATIENT

DOCTOR

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Patient Name
Alston Rebello

Date
2023-12-19 12:30

Doctor Name
Ahmad - Hijama (GD007)

Date
2023-12-19 12:30