

## Hijjama Assessment Form

|              |   |                |               |   |                    |
|--------------|---|----------------|---------------|---|--------------------|
| Patient Name | : | tousif toplife | Emirates ID   | : | 111-1111-1111111-1 |
| File No      | : | 5              | DOB           | : | 2021-06-16         |
| Nationality  | : | Other          |               |   |                    |
| Gender       | : | Male           | Doctor's Name | : | Ahmad Irfan        |
| Date         | : | 2023-12-08     |               |   |                    |

FULL NAME::tousif

CONTACT NO.:971563687976

AGE :2

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

CHIEF COMPLAIN:s

DIAGNOSIS: olorado tick fever

THERAPEUTIC

HISTORY:s

TREATMENT POINTS :s

EXAMINATION:

Mental Status:

☒ Oriented

☐ Disoriented

☐ Impaired  
Cognition

☐ Others

Pain Assessment Score:

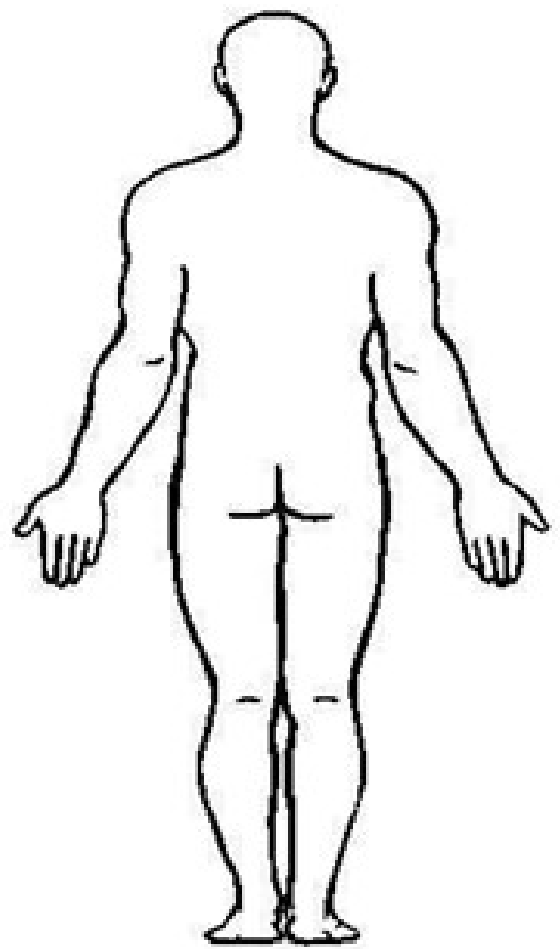
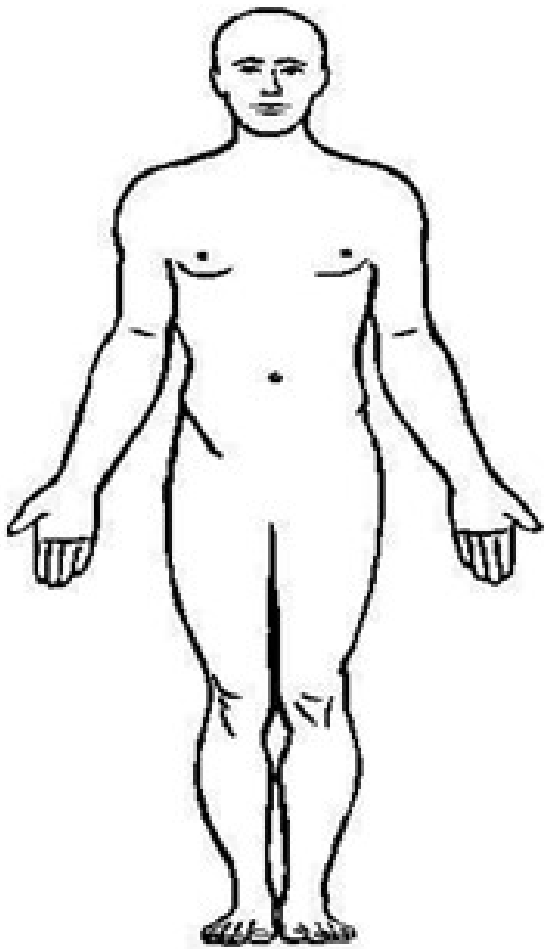
☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

AFFECTED BODY PARTS:ss

OBSERVATION INSPECTION:s


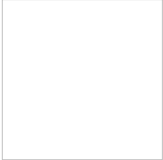
SPECIAL TEST:s

FOLLOW UP SESSIONS:s



Evaluated by :Ahmad Irfan

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

|  |  |
|--|--|
|  |      |
| <div>Patient Name<br/>tousif toplife</div> <div>Date<br/>2023-12-08 08:30</div>  | <div>Doctor Name<br/>Ahmad - Hijama (GD007)</div> <div>Date<br/>2023-12-08 08:30</div> |