

Hijjama Assessment Form

Patient Name	:	Vision Test Patient	Emirates ID	:	784-6987-5266587-7
File No	:	2	DOB	:	2020-06-17
Nationality	:	Indian			
Gender	:	Female	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-07			

FULL NAME: Vision Test Patient CONTACT NO:971569874589 AGE :3

Referring Healthcare Professional :Ahmad Irfan

PROPHYLACTIC THERAPEUTIC
CHIEF COMPLAIN s

DIAGNOSIS HISTORY s

NA

TREATMENT POINTS :s

EXAMINATION:

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

Pain Assessment Score:

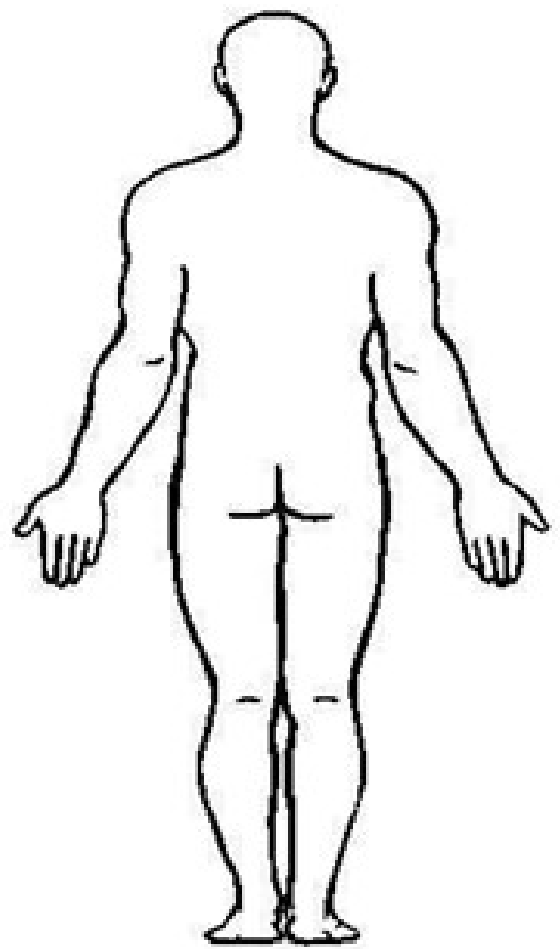
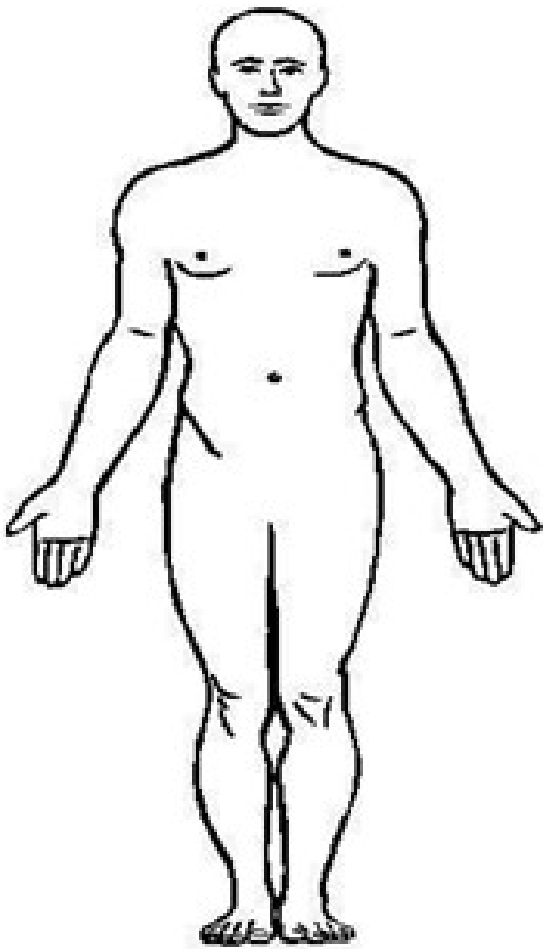
☒ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

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



Patient Name
Vision Test Patient

Date
2023-12-07 09:45

Doctor Name
Ahmad - Hijama (GD007)

Date
2023-12-07 09:45