

Hijjama Assessment Form

Patient Name	:	Alston Rebello		Emirates ID	:	784-1991-2906159-3		
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Ahmad Irfan	Date	:	2024-04-16

FULL NAME::Alston CONTACT NO.:971506245967 AGE :27

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA HISTORY:NA
DIAGNOSIS:NA

TREATMENT POINTS :

EXAMINATION:

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

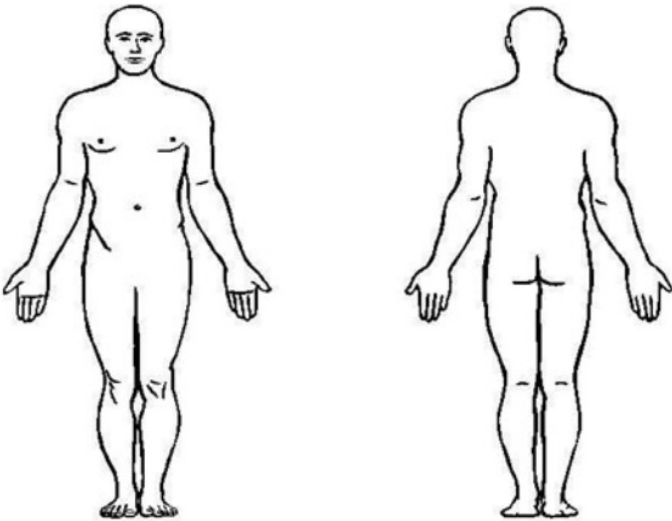
Pain Assessment Score: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

AFFECTED BODY PARTS:

OBSERVATION INSPECTION:


SPECIAL TEST:

FOLLOW UP SESSIONS:swff



Evaluated by :Ahmad Irfan

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

	
<div>Patient Name Alston Rebello</div> <div>Date 2024-04-16 (09:15 - 09:30)</div>	<div>Doctor Name Ahmad Irfan - Hijama (GD007)</div> <div>Date 2024-04-16 (09:15 - 09:30)</div>