

Hijjama Assessment Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian	Date	:	2023-12-19
Gender	:	Male	Doctor's Name	:	Ahmad Irfan

FULL NAME::Alston

CONTACT NO.:971506245967

AGE :27

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA

HISTORY:NA

DIAGNOSIS:NA

TREATMENT POINTS :hhhhhhh

EXAMINATION:

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

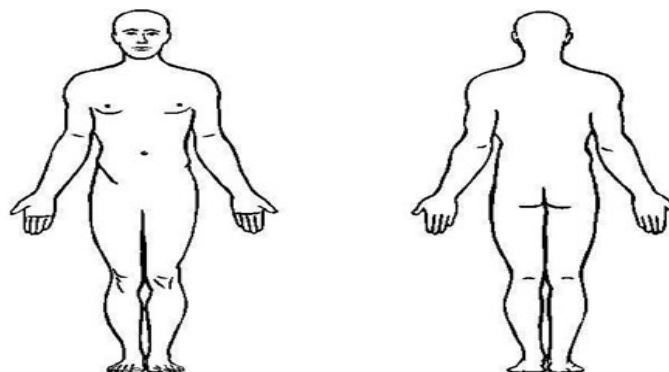
Pain Assessment Score: ☒1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

AFFECTED BODY PARTS:h

OBSERVATION INSPECTION:h

SPECIAL TEST:h

FOLLOW UP SESSIONS:h





Evaluated by :Ahmad Irfan

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

PATIENT

DOCTOR

	
<p>Patient Name Alston Rebello</p> <p>Date 2023-12-19 12:30</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2023-12-19 12:30</p>

