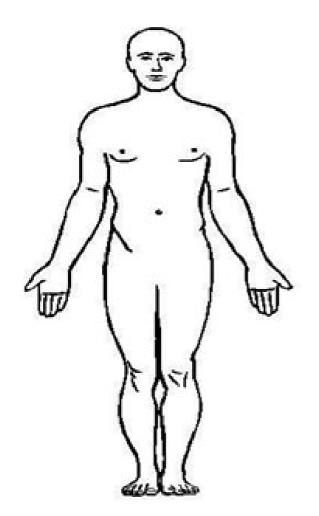


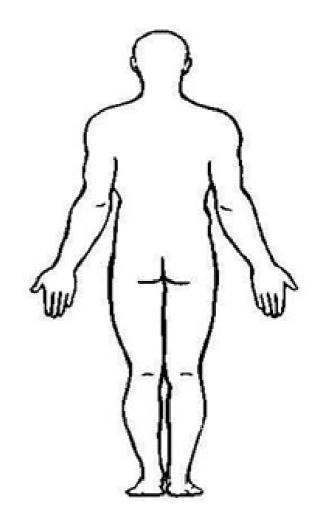
Hijjama Assessment Form								
Patient Name	:	tousif top	life			Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB		2021-06-16	Nationality	:	Other
Gender	:	Male	Doctor's Name		Ahmad Irfan	Date	:	2023-12-08

FULL NAME: tousif	toplife CONTACT	NO:971563687976	AGE :2		
Referring Healthcare	Professional :Ahma	d Irfan		<u> </u>	
PROPHYLACTIC CHIEF COMPLAIN s	THERAPEUTIC				
DIAGNOSIS	HISTORY s				
olorado tick fever					
TREATMENT POINTS	:s	<b>-</b>			
EXAMINATION:					
Mental Status:	<b>⊘</b> Oriented	□Disoriented	∏Impaired Cognition	□Others	

Pain Assessment Score:

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		

A	
Patient Name tousif toplife Date	Doctor Name Ahmad - Hijama (GD007) Date
2023-12-08 08:30	2023-12-08 08:30