

Hijjama Assessment Form

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|--------------|---|-------------|---------------|---|--------------------|
| Patient Name | : | Reshma Siya | Emirates ID | : | 784-6478-3648736-8 |
| File No | : | 4 | DOB | : | 1995-05-21 |
| Nationality | : | Other | | | |
| Gender | : | Female | Doctor's Name | : | Ahmad Irfan |
| Date | : | 2024-03-04 | | | |

FULL NAME::Reshma CONTACT NO.:971522058819 AGE :28

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA

HISTORY:NA

DIAGNOSIS:NA

TREATMENT POINTS :

EXAMINATION:

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

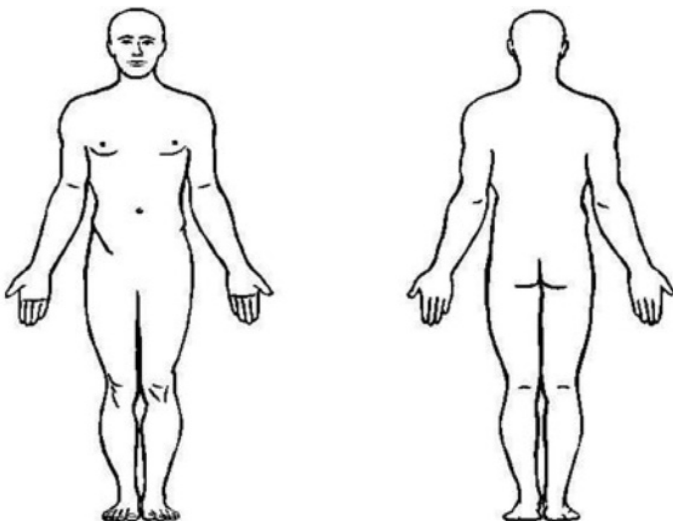
Pain Assessment Score: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

AFFECTED BODY PARTS:


OBSERVATION INSPECTION:

SPECIAL TEST:

FOLLOW UP SESSIONS:erret



Evaluated by :Ahmad Irfan

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|--|--|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
| |  |
| Patient Name Reshma Siya Date 2024-03-04 (10:45 - 11:00) | Doctor Name Ahmad Irfan - Hijama (GD007) Date 2024-03-04 (10:45 - 11:00) |

