

Hijjama Assessment Form

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	:	2024-03-01			

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

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA
DIAGNOSIS:NA

HISTORY:NA

TREATMENT POINTS :

EXAMINATION:

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

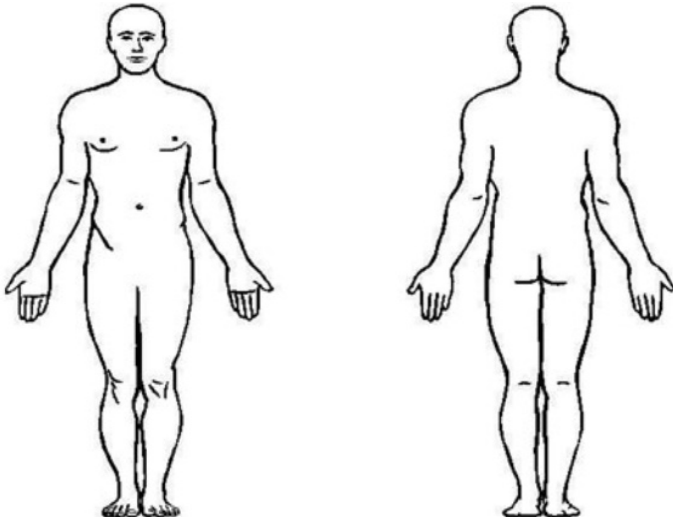
Pain Assessment Score: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

AFFECTED BODY PARTS:


OBSERVATION INSPECTION:

SPECIAL TEST:

FOLLOW UP SESSIONS:



Evaluated by :Ahmad Irfan

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Reshma Siya Date 2024-03-01 (13:15 - 13:30)	Doctor Name Ahmad Irfan - Hijama (GD007) Date 2024-03-01 (13:15 - 13:30)

