

Hijjama Assessment Form

Patient Name	:	tousif toplife	Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB	:	2021-06-16
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ahmad Irfan
Date	:	2023-12-09			

FULL NAME::tousif

CONTACT NO.:971563687976

AGE :2

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

CHIEF COMPLAIN:ss

DIAGNOSIS:NA

THERAPEUTIC

HISTORY:ss

TREATMENT POINTS :ss

EXAMINATION:

Mental Status:

☒ Oriented

☐ Disoriented

☐ Impaired
Cognition

☐ Others

Pain Assessment Score:

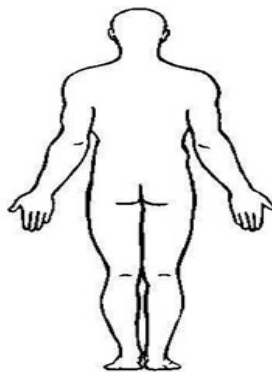
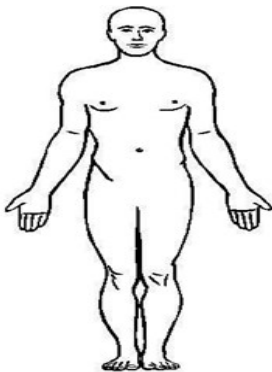
☒ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

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

	
<div>Patient Name tousif toplife</div> <div>Date 2023-12-09 16:30</div>	<div>Doctor Name Ahmad - Hijama (GD007)</div> <div>Date 2023-12-09 16:30</div>