

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	:	2023-12-08			

FULL NAME::tousif

CONTACT NO.:971563687976

AGE :2

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

THERAPEUTIC

CHIEF COMPLAIN:NA

HISTORY:NA

DIAGNOSIS: olorado tick fever

TREATMENT POINTS :ssss

EXAMINATION:

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

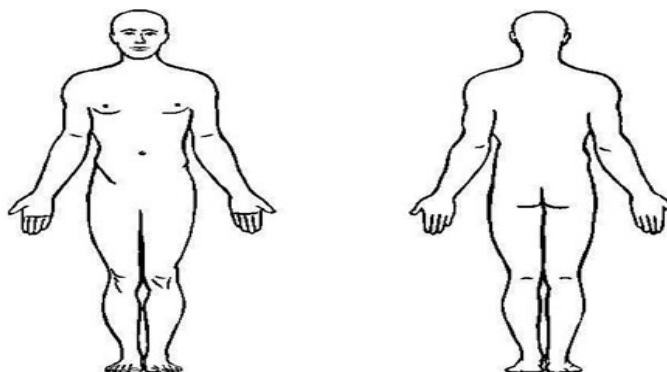
Pain Assessment Score: ☒1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

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

	
<p>Patient Name tousif toplife</p> <p>Date 2023-12-08 08:30</p>	<p>Doctor Name Ahmad Irfan - Hijama (GD007)</p> <p>Date 2023-12-08 08:30</p>

