

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	:	2023-12-09			

FULL NAME::Reshma

CONTACT NO.:971522058819

AGE :28

Referring Healthcare professional : Ahmad Irfan

PROPHYLACTIC

CHIEF COMPLAIN:s

DIAGNOSIS:NA

THERAPEUTIC

HISTORY:s

TREATMENT POINTS :s

EXAMINATION:

Mental Status:

☒ Oriented

☒ Disoriented

☐ Impaired
Cognition

☐ Others

Pain Assessment Score:

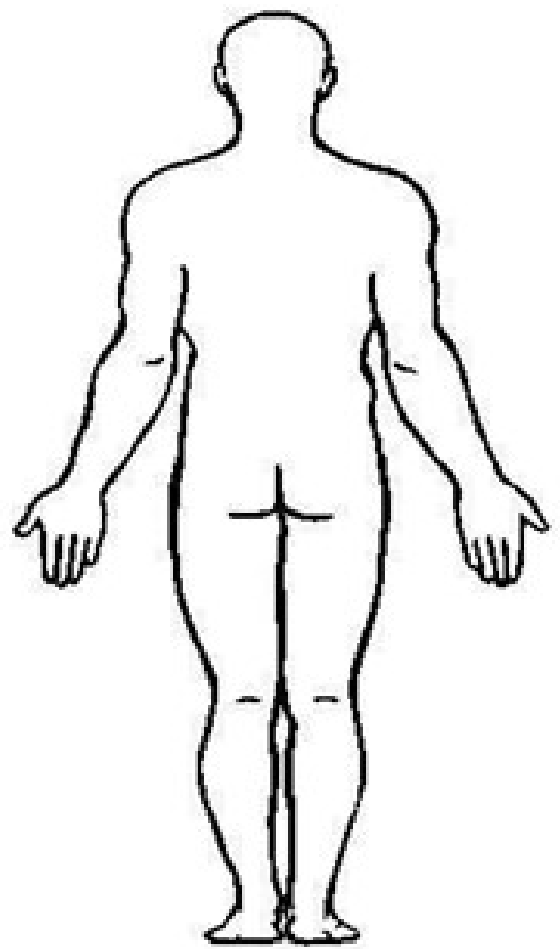
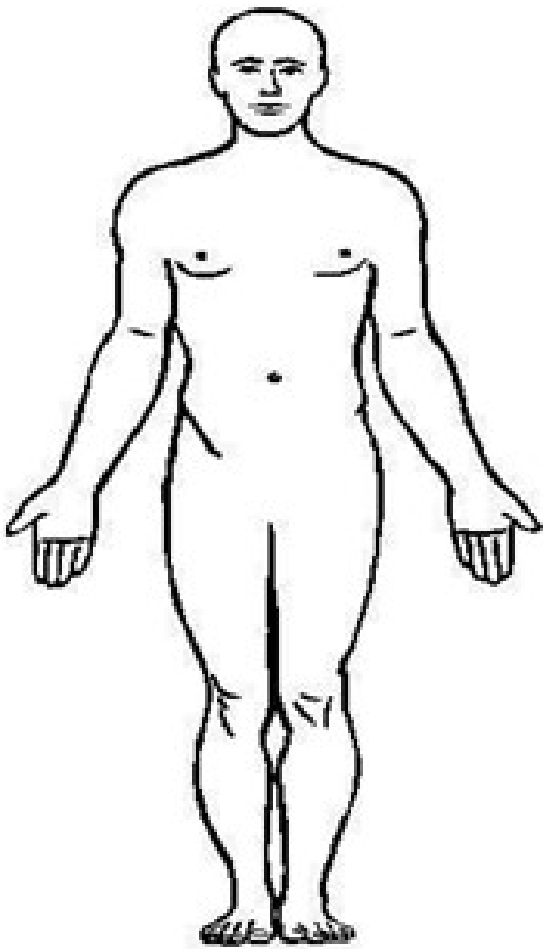
☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

AFFECTED BODY PARTS:s

OBSERVATION INSPECTION:s


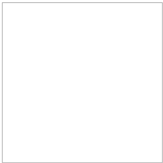
SPECIAL TEST:s

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 Reshma Siya</div> <div>Date 2023-12-09 21:45</div>	<div>Doctor Name Ahmad - Hijama (GD007)</div> <div>Date 2023-12-09 21:45</div>