

PATIENT LOG

Keep personal track of your day-to-day wellness to help note patterns in improvement or decline.
Review these changes with your physician on your next visit.

Today's Date: _____

Patient Name: _____

Notes:

Pain Scale (1 no pain, 10 extreme pain)

1 2 3 4 5 6 7 8 9 10

Energy Scale (1 poor energy, 10 good energy)

1 2 3 4 5 6 7 8 9 10

Sleep Scale (1 poor sleep, 10 good sleep)

1 2 3 4 5 6 7 8 9 10

Other Symptom Scale (1 least, 10 highest)

Symptom: _____

1 2 3 4 5 6 7 8 9 10

Comments:

5 Worst Symptoms:

1. _____
2. _____
3. _____
4. _____
5. _____

Improved Symptoms:

Additional Concerns: