



WELLNESS LOG

HELP YOUR PATIENT KEEP TRACK OF THEIR DAY-TO-DAY WELLNESS WITH THIS WELLNESS LOG. REVIEW THESE LOGS WITH YOUR PATIENT PRIOR TO THEIR NEXT PHYSICIAN APPOINTMENT, NOTING ANY AREAS OF CONCERN. USE THE EXTENDED SUMMARY ON PAGE 2 TO MAKE NOTE OF ANY PATTERNS IN IMPROVEMENT OR DECLINE. HAVE THE PATIENT PRESENT THE LOGS TO THEIR TREATING PHYSICIAN AT THEIR NEXT SCHEDULED APPOINTMENT.

Date: _____

Name: _____

Notes:

Pain Scale (1 no pain, 10 extreme pain):

1 2 3 4 5 6 7 8 9 10

Energy Scale (1 low energy, 10 high 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 lowest, 10 highest):

Symptom: _____

1 2 3 4 5 6 7 8 9 10

Worst Symptoms:

1. _____
2. _____
3. _____

Improved Symptoms:

1. _____
2. _____
3. _____

Additional Concerns:



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Additional Concerns:



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USE THIS EXTENDED SUMMARY PAGE FOR ADDITIONAL RECORD OF YOUR PATIENT'S WELLNESS

Date: _____

Name: _____

Areas of Patient Concern:

Areas of Caregiver Concern:

Caregiver Remarks:

Extended Summary:



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USE THIS EXTENDED SUMMARY PAGE FOR ADDITIONAL RECORD OF YOUR PATIENT'S WELLNESS

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