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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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: