

HEALTH TRACKER

Use this form to track your health between physician visits

Physician's name: _____

Date of next appointment: _____



VISITS WITH OTHER HEALTHCARE PROVIDERS

List other health related appointments since the last time you saw your physician. Be sure to include details of what was discussed including new diagnosis or symptoms:

Date: _____ Healthcare provider: _____


Details:


Date: _____ Healthcare provider: _____


Details:

MEDICATIONS

List any changes in medication(s) you have been prescribed or over-the-counter medications including vitamins, ointments or lotions:


 _____


 _____


 _____

SIDE EFFECTS

List any side effects you have been experiencing here:

 _____

 _____

 _____

OTHER QUESTIONS & CONCERNS

List other questions and concerns to be discussed with your physician here:

CHANGES IN GENERAL HEALTH

List any changes experienced in your overall health:



Changes mental health: _____



Changes in diet: _____



Changes physical activity habits: _____



Changes fatigue: _____



Changes sleeping pattern: _____



Changes family/ social life: _____

DISEASE FLARES

Note any flares you've experienced since your last appointment. If you wish to record more details you can download our monthly symptom tracker. Record the date(s) and severity of the flare here:



Date(s): _____

Severity/ details: _____

Pain scale:

1 2 3 4 5 6 7 8 9 10



No pain

Moderate pain



Severe pain

Worst possible pain



Date(s): _____

Severity/ details: _____

Pain scale:

1 2 3 4 5 6 7 8 9 10



No pain

Moderate pain



Severe pain

Worst possible pain

