

Health Journal/Diary, Vitals or Symptom Record

Health Journal

Your health journal can help you keep a record of your: permanent and episodic diagnosis of conditions, medications, supplements, allergies, blood pressure, pulse, oxygen saturation, perfusion index, temperature, diet, anxiety, depression, pain level, fatigue level, weight and other important measurements. Include the date on each entry.

A health journal can help both you and your team track changes in symptoms, treatment side effects, dietary affects and how you are feeling on any given day. It gives you a chance to notice improvements as well as symptoms that you may need to talk about with your treatment team. It can give you ideas of what questions to write down for your next appointment with members of your treatment team.

Having actual data on your experience is helpful to your treatment team. It tells them when something started, how long it has been going on, and whether it is constant or variable.

Making regular entries in your health journal can also speak for you when you are unable to speak for yourself. It does not impact your Power of Attorney for Personal Care, however, if you end up in an emergency department or urgent care centre alone, it will give them current information on your conditions.

A health journal can be hand written, using an app, a spreadsheet or text document. Some of my clients have specialists who want their patient's medical chart updated minimum twice daily and emailed in to their office at least monthly. Some are more complex and require for example, 3 pulses each time, neck, wrist and foot pulses. It is very individual. Keep track of the things that are important for your health.

Example: Type 2 Diabetic with Heart Failure

Name Example Dx T2D, Congestive Heart Failure w Pulmonary Edema Vitals/Symptom Record Aug 24, 2022 to _____
after discharge from emerg

Date	Time	Blood Pressure	Pulse	Oxygen	Perfusion Index	Glucose, Weight, BM

Example: Lupus and Fibromyalgia

Name Example Dx Lupus, Fibromyalgia Health Journal Aug 24, 2022 to _____
after discharge from emerg

Date	Time	Pain 1 to 10	Fatigue 1 to 10	Mood	Blood Pressure	Glucose Weight	Body Temp	Infections	Rashes Sores

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Example: Food/Mood Log for Anxiety, Depression, Food Allergies/Sensitivities

Name _____ Food/Mood Log Week of _____

Date & Time	Food and Quantity	Mood	Energy	Sleep	Digestion	Bowels	Congestion	Skin	Other

Example: Activity Log any form of movement or exercise.

Activity Log			
Client Name			
Day	Time	Activity	Minutes
Monday			
Monday Total			
Tuesday			

Example: Supplement Record

Supplement Record

Client: _____ Date: _____

1. Supplement:	Dosage recommended: Time recommended: Dosage taken: Time taken:
Side effects:	How long after taking the supplement did the side effect start? How long did each side effect last?
2. Supplement:	Dosage recommended: