01 / SETUP

A clearer record for appointments

Use this pack to record dated observations and questions. It does not diagnose symptoms, decide whether a medicine is appropriate, or instruct you to change treatment.

Use the exact prescribed product name

Different medicines, indications, formulations, and supply channels are not interchangeable. Record what appears on the prescription or dispensing label.

NAME Optional

TRACKER START DATE YYYY-MM-DD

PRESCRIBED PRODUCT AND INDICATION Copy from the label or care plan

PRESCRIBER / CLINIC Name + contact

PHARMACY Name + contact

Starting context

WHAT I WANT MY CARE TEAM TO UNDERSTAND

EXISTING CONDITIONS, ALLERGIES, MEDICINES, AND SUPPLEMENTS ALREADY DISCLOSED

Emergency boundary

This tracker does not triage symptoms

For severe, rapidly worsening, or urgent symptoms, use the emergency instructions supplied by your clinician, medicine label, or local emergency service. Do not wait for the next log entry or appointment.

02 / WEEKLY OVERVIEW

One week at a glance

Use short, factual notes. Leave a field blank if you did not observe it; a blank is better than a guess.

WEEK BEGINNING YYYY-MM-DD

NEXT APPOINTMENT YYYY-MM-DD

OVERALL NOTE Optional

DAY	APPETITE	MEALS TOLERATED	FLUID NOTES	GI NOTES	ENERGY / ACTIVITY	SLEEP
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Weekly summary

WHAT CHANGED, WHEN IT CHANGED, AND WHAT MAY HAVE HAPPENED AT THE SAME TIME

QUESTIONS TO CARRY FORWARD Use page 5 for detail

CARE TEAM CONTACTED? Date + method

03 / SYMPTOM LOG

Describe, date, and follow up

Avoid interpreting the cause in the first column. Describe what happened, then separately record what you or your care team did.

DATE / TIME	OBSERVATION	0-10	DURATION	ACTION / CONTACT	OUTCOME / FOLLOW-UP

Useful detail

Location, timing, duration, severity, what was happening beforehand, whether it recurred, and whether a clinician or pharmacist was contacted.

Urgent symptoms

Follow the medicine label, clinician instructions, and local emergency guidance. This worksheet cannot determine whether a symptom is urgent or medication-related.

04 / FOOD + FLUID NOTES

Keep context without chasing precision

This is a simple tolerance and pattern log, not a nutrition prescription. Use the level of detail that helps a qualified professional understand what happened.

DATE / TIME	FOOD OR FLUID	APPROX. AMOUNT	TOLERATED?	OBSERVATION / CONTEXT

Patterns to discuss

FOODS, MEAL TIMING, FLUID PATTERNS, OR CIRCUMSTANCES THAT REPEATEDLY COINCIDED WITH SYMPTOMS

Do not self-correct a concerning pattern

Bring persistent difficulty eating or drinking, repeated vomiting, dehydration concerns, or other significant changes to the appropriate care channel promptly.

05 / APPOINTMENT PREP

Turn a month of notes into five minutes

Bring the shortest accurate summary you can. Dates, changes, and unresolved questions are usually more useful than a long narrative.

APPOINTMENT DATE YYYY-MM-DD | **CLINICIAN / SERVICE** Name | **FORMAT** In person / video

Three changes since the last visit

1

2

3

Questions

Put the most important first

1

2

3

4

5

Bring or confirm

- [ ] Current prescription and dispensing labels
- [ ] Updated medicine and supplement list
- [ ] Relevant symptom dates and patterns
- [ ] Recent test results or discharge paperwork
- [ ] Insurance, refill, travel, or storage questions

06 / APPOINTMENT NOTES

Record the plan you were actually given

Write down clinician instructions in their words. Ask for clarification when the next step, timing, or responsible contact is unclear.

APPOINTMENT DATE YYYY-MM-DD

CLINICIAN Name

NEXT REVIEW Date

ASSESSMENT AND EXPLANATION

INSTRUCTIONS GIVEN BY THE CLINICIAN OR PHARMACIST

TESTS / REFERRALS / DOCUMENTS What + when

WHO FOLLOWS UP Contact + timeframe

QUESTIONS STILL UNANSWERED

After the visit

Update your record from the written care plan, prescription label, or after-visit summary. If your notes conflict with official instructions, contact the care team or pharmacist for clarification.