

Medication Log

Patient Name:

Date(s):

Before and After Scale

10: Maximum discomfort

1: Minimum discomfort

0: No discomfort.

I= Indica

H= Hybrid

S= Sativa

Time	am/pm ___/___/___	Symptoms	Before	After	Side Effects/ Notes
Name					
Type	I H S				
Amount					
Method					
Time	am/pm ___/___/___				
Name					
Type	I H S				
Amount					
Method					
Time	am/pm ___/___/___				
Name					
Type	I H S				
Amount					
Method					
Time	am/pm ___/___/___				
Name					
Type	I H S				
Amount					
Method					



Ultra Health