HEALTH TRACKER

Use this form to track your health between physician visits

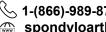
Physician's name:	
Date of next appointment:	CANADIAN SPONDYLOARTHRITIS ASSOCIATION
VISITS WITH OTHER HEALTH List other health related appointments since the las what was discussed including new diagnosis or syn	t time you saw your physician. Be sure to include details of
	vider:
Date: Healthcare prov 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 & CONC List other questions and concerns to be discusse	

CHANGES IN GENERAL HEALTH

List any changes experienced in your overall health:

Q	Changes mental health:													
	Changes in diet:													
X	Changes physical activity habits:													
	Changes fatigue:													
	Changes sleeping pattern:													
	- Changes family/ social life:													
	e any flare download Date(s): _ Severity/	d our n	nonthly	symp	tom track									
Pain	scale:	1	2	3	4	5	6	7	8	9	10			
			No pain		Moderate pain		Se pa	evere in		Worst possible pain				
	Date(s): Severity/ details:													
Pai	n scale:	1	2	3	4	5	6	7	8	9	10			
			No pain		Moderate pain		Severe pain			Worst possible pain				





Contact Us:

