

# Treatment Journal



## TRACKING MEDICATIONS

It is very important to keep a current list of all the medications you and/or your child are taking, along with the dosage. Use this journal to write down the day and time each medication is taken. For injections, you can use page 3 of this journal.

Before each doctor visit, review this journal to make sure all the information is up to date.

Medication	Started	Dosage

**Doctor**

**Notes**

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# Treatment Journal



Week of \_\_\_\_\_ / \_\_\_\_\_

	All medication taken as prescribed? (Yes/No)	Fill in any side effects experienced as a result of treatment. This will help you accurately relay information to you and/or your child's healthcare provider.
SUN		
MON		
TUE		
WED		
THU		
FRI		
SAT		

# Treatment Journal



## TRACK INJECTIONS

INJECTION 1	Date	Time	Doctor	Dosage
	Next Appointment Scheduled? (Yes/No)		Date & time of next injection	
	Notes			

INJECTION 2	Date	Time	Doctor	Dosage
	Next Appointment Scheduled? (Yes/No)		Date & time of next injection	
	Notes			

INJECTION 3	Date	Time	Doctor	Dosage
	Next Appointment Scheduled? (Yes/No)		Date & time of next injection	
	Notes			

INJECTION 4	Date	Time	Doctor	Dosage
	Next Appointment Scheduled? (Yes/No)		Date & time of next injection	
	Notes			

Please see Boxed Warning for XEOMIN in Accompanying Full Prescribing Information

