

Name: _____

Apt Date: _____

Treatment Tracker
Continuous Meds/ Wellness Supplements/ Genomics Supports

Treatment	Dose	Frequency	Genomics Supplement?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Top Three symptom concerns for today's visit (required):

1.

2.

3.

Treatment (Symptom) Tracker –Non-Pulsing Protocol

<p>Meds (Rx)</p>	
<p>Treatment Supplements</p>	
<p>Symptoms that are BETTER/ IMPROVED (include % or range)</p>	
<p>Symptoms that are WORSE (include % or range)</p>	
<p>Symptoms that are NEW</p>	
<p>Please report any rashes / itchy areas</p> <p>Location/ Duration/ When they occurred</p>	

Treatment Tracker *additional page*
Continuous Meds/ Wellness Supplements/ Genomics Supports

Treatment	Dose	Frequency	Genomics Supplement?
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			