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PAIN, SYMPTOMS, AND MEDICAL JOURNAL

Name: _____

Week of: _____

Make copies of this weekly journal, and document everything that you are going through each week. Take pictures of this document (or scan it) at the end of the week and save it on your computer.

DAY & DATE	PAIN OR SYMPTOM	SEVERITY (1-10)	WORK	ACTIVITIES IMPACTED	MEDICAL VISITS
S					
M					
TU					
W					
TH					
F					
S					