



clip and save

## Health Journal

Illness/Injury: \_\_\_\_\_ Date: \_\_\_\_\_ Provider: \_\_\_\_\_ Treatment/Medications: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_ Date: \_\_\_\_\_ Hospital: \_\_\_\_\_

Surgeries: \_\_\_\_\_ Date: \_\_\_\_\_ Hospital: \_\_\_\_\_

Therapies: \_\_\_\_\_ Duration: \_\_\_\_\_ Type: \_\_\_\_\_ Outcome: \_\_\_\_\_

Diagnostic tests: \_\_\_\_\_ Date: \_\_\_\_\_ Facility: \_\_\_\_\_ Results: \_\_\_\_\_

Immunizations: \_\_\_\_\_ Date: \_\_\_\_\_