

## **PAIN LOG**

Date Time Pain Location Scale (0-10) Medication Taken (Y/N) Pain Relief Measures Outcome Signature  Pain Location Scale (0-10) Pain Taken (Y/N) Pain Relief Measures  Pain Relief Measures  Outcome Signature  Pain Relief Measures  Pain Relief M	

Reference: Pain Scale Chart (0-10)





## **MEDICATION LOG**

Date	Time	Medication Name	Dosage	Route	Purpose	Given By	Outcome/ Note	Signature
							1	
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