

My Diary

Important Contact Information

Print this diary and use it to help keep your treatment plan on track.

This personal treatment diary is intended to help you follow the treatment plan your doctor recommends.

Here's what you will find on the following pages:

<u>Important Contact Information</u>	<u>2</u>
<u>Appointment Reminders</u>	<u>3</u>
<u>My Medications</u>	<u>4</u>
<u>My Treatment Diary</u>	<u>5-9</u>
<u>My Daily Calendar</u>	<u>10-11</u>
<u>Other Information or Doctor's Advice</u>	<u>12</u>
<u>Notes</u>	<u>12</u>

To help keep on track with your treatment plan, keep a list of the healthcare professionals you turn to for care and answers to your questions. Your doctor can help you fill in this information.

Who should I contact if I have a question about my treatment?

Name: _____

E-mail address: _____

Phone number: _____

Who should I contact in an emergency?

Name: _____

Phone number: _____

Other contact information:

Appointment Reminders

This chart can help you keep track of your doctor appointments. It will also help you remember information that can make those appointments more productive.

Appointment for?	Day and date?	Time?	Who with?	Where?	What do I need to take?	What has changed since my last appointment?
<i>Example: Regular check-up</i>	<i>Tuesday, January 3, 2017</i>	<i>2:15 pm</i>	<i>Dr. Smith</i>	<i>His office</i>	<i>List of my medication(s); this diary</i>	<i>No changes</i>

My Medications

It is important for you to know all the medications you take. Your doctor can help you fill out this chart so you'll have a list of them handy.

Be sure to show this list to your doctor or pharmacist whenever your medications change.

Name of medication	What is it for?	How do I take it?			Other comments
		How often? (eg, twice daily)	When? (eg, morning and evening)	How? (eg, without food)	

My Treatment Diary

Use this diary to keep a record of your health, what symptoms you experience, and when you take your medications. Then, bring it with you to your next doctor appointment.

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My Treatment Diary

When you have filled in all these pages, go to GILOTRIF.com to download this diary and print another copy for use.

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My Daily Calendar

Month _____

To help your treatment plan and your day-to-day routine, this calendar will give you a place to keep it all organized.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

My Daily Calendar

Month _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Other Information or Doctor's Advice

Lined area for writing other information or doctor's advice.

Notes

Lined area for writing notes.

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