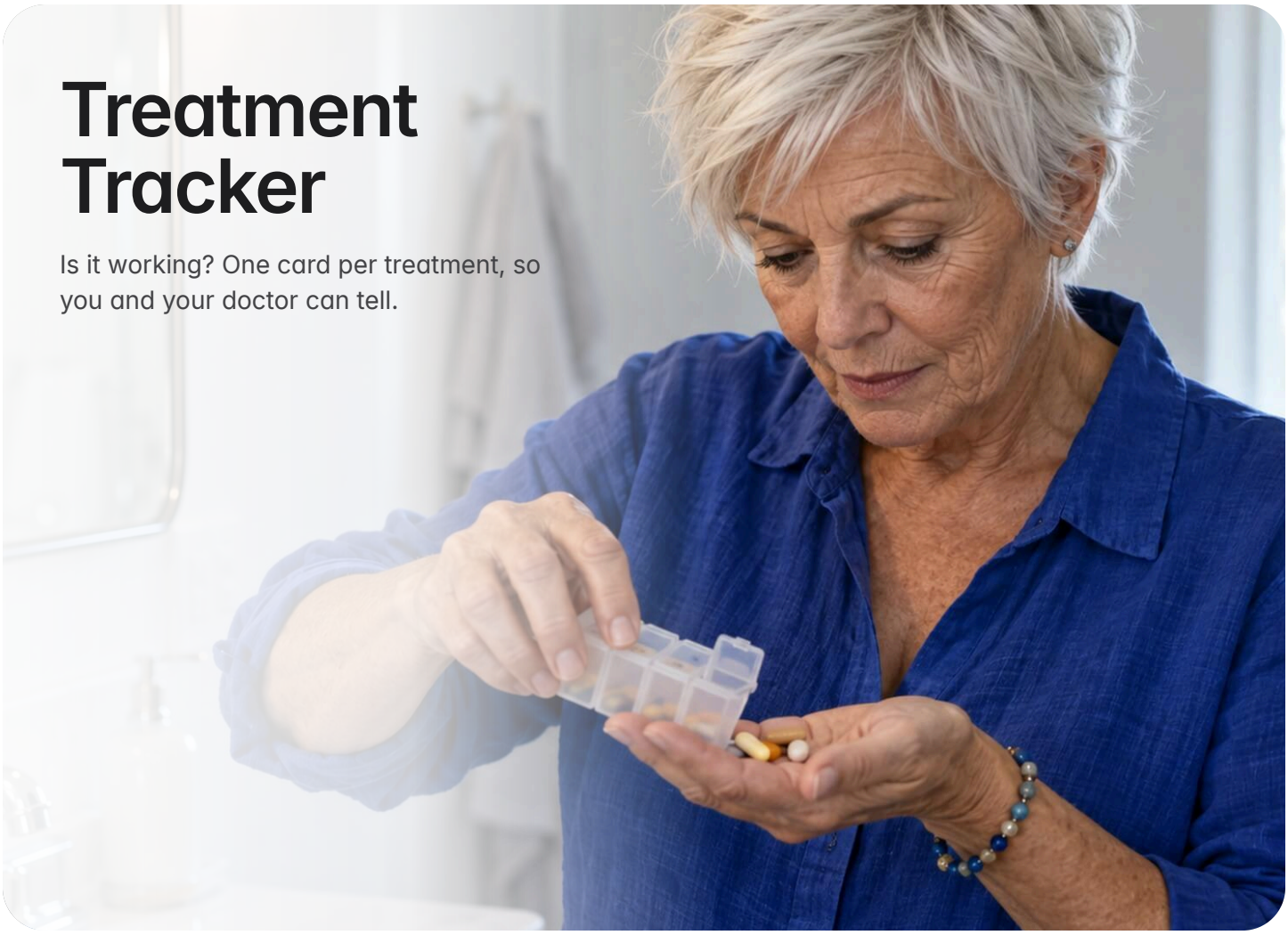
Treatment Tracker

Is it working? One card per treatment, so you and your doctor can tell.



WHY IT HELPS

New treatments take time, and it is hard to remember how you felt a month ago. Check-ins at week 2, 4 and 8 show whether something is helping.

FOUR SMALL STEPS

Set a goal	Write what working would look like.
Check in	Rate the effect at week 2, 4 and 8.
Decide	Keep, adjust or stop, with your doctor.
Look back	Keep a list of what you have tried.

INSIDE

1 An example to copy

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For any treatment. Medicine, therapy, supplements, physio or a diet change. Most take a few weeks to show.

CareClinic

EXAMPLE TREATMENT TRACKER · IS IT WORKING?

One card for each treatment. Check in at week 2, 4 and 8.

Effect ●○○○ helps a little ●●●● helps a lot

1 TREATMENT: Amitriptyline

Medicine | Therapy | Supplement | Physio | Other

WHAT IT IS FOR: Migraine prevention

START DATE: January 6

DOSE AND HOW OFTEN: 10 mg, at bedtime

WORKING WOULD LOOK LIKE: Fewer than 4 migraine days a month

Week 2	Week 4	Week 8
EFFECT ●○○○	EFFECT ●●○○	EFFECT ●●●○
SIDE EFFECTS: Dry mouth, groggy mornings	SIDE EFFECTS: Dry mouth, less groggy	SIDE EFFECTS: Mild dry mouth

DECISION: **Keep** | Adjust | Stop

WHY: Migraine days down from 8 to 3 a month

2 TREATMENT: Physio for my neck

Medicine | Therapy | Supplement | **Physio** | Other

WHAT IT IS FOR: Neck pain and stiffness

START DATE: January 13

DOSE AND HOW OFTEN: Weekly, plus 10 min of exercises daily

WORKING WOULD LOOK LIKE: Turn my head to drive without pain

Week 2	Week 4	Week 8
EFFECT ●●○○	EFFECT ●●●○	EFFECT ●●●●
SIDE EFFECTS: Sore for a day after each session	SIDE EFFECTS: Mild soreness	SIDE EFFECTS: None

DECISION: Keep | **Adjust** | Stop

WHY: Goal met. Every 2 weeks now, keep the exercises

3 TREATMENT: Magnesium

Medicine | Therapy | **Supplement** | Physio | Other

WHAT IT IS FOR: Night cramps

START DATE: January 20

DOSE AND HOW OFTEN: 300 mg, at night

WORKING WOULD LOOK LIKE: Night cramps less than once a week

Week 2	Week 4	Week 8
EFFECT ●○○○	EFFECT ●○○○	EFFECT ●○○○
SIDE EFFECTS: Loose stools	SIDE EFFECTS: Loose stools	SIDE EFFECTS: Still loose stools

DECISION: Keep | Adjust | **Stop**

WHY: No change in cramps, and an upset stomach

One card for each treatment. Check in at week 2, 4 and 8.

Effect ○○○○ helps a little ●●●● helps a lot

1

TREATMENT

Medicine | Therapy | Supplement | Physio | Other

WHAT IT IS FOR

START DATE

DOSE AND HOW OFTEN

WORKING WOULD LOOK LIKE

Week 2 EFFECT ○○○○
SIDE EFFECTS

Week 4 EFFECT ○○○○
SIDE EFFECTS

Week 8 EFFECT ○○○○
SIDE EFFECTS

DECISION Keep | Adjust | Stop

WHY

2

TREATMENT

Medicine | Therapy | Supplement | Physio | Other

WHAT IT IS FOR

START DATE

DOSE AND HOW OFTEN

WORKING WOULD LOOK LIKE

Week 2 EFFECT ○○○○
SIDE EFFECTS

Week 4 EFFECT ○○○○
SIDE EFFECTS

Week 8 EFFECT ○○○○
SIDE EFFECTS

DECISION Keep | Adjust | Stop

WHY

3

TREATMENT

Medicine | Therapy | Supplement | Physio | Other

WHAT IT IS FOR

START DATE

DOSE AND HOW OFTEN

WORKING WOULD LOOK LIKE

Week 2 EFFECT ○○○○
SIDE EFFECTS

Week 4 EFFECT ○○○○
SIDE EFFECTS

Week 8 EFFECT ○○○○
SIDE EFFECTS

DECISION Keep | Adjust | Stop

WHY

One card for each treatment. Check in at week 2, 4 and 8.

Effect ○○○○ helps a little ●●●● helps a lot

4 TREATMENT

Medicine | Therapy | Supplement | Physio | Other

WHAT IT IS FOR

START DATE

DOSE AND HOW OFTEN

WORKING WOULD LOOK LIKE

Week 2 EFFECT ○○○○
SIDE EFFECTS

Week 4 EFFECT ○○○○
SIDE EFFECTS

Week 8 EFFECT ○○○○
SIDE EFFECTS

DECISION Keep | Adjust | Stop

WHY

5 TREATMENT

Medicine | Therapy | Supplement | Physio | Other

WHAT IT IS FOR

START DATE

DOSE AND HOW OFTEN

WORKING WOULD LOOK LIKE

Week 2 EFFECT ○○○○
SIDE EFFECTS

Week 4 EFFECT ○○○○
SIDE EFFECTS

Week 8 EFFECT ○○○○
SIDE EFFECTS

DECISION Keep | Adjust | Stop

WHY

6 TREATMENT

Medicine | Therapy | Supplement | Physio | Other

WHAT IT IS FOR

START DATE

DOSE AND HOW OFTEN

WORKING WOULD LOOK LIKE

Week 2 EFFECT ○○○○
SIDE EFFECTS

Week 4 EFFECT ○○○○
SIDE EFFECTS

Week 8 EFFECT ○○○○
SIDE EFFECTS

DECISION Keep | Adjust | Stop

WHY

Treatments I have tried

A new doctor will ask what you have tried and why it stopped. Include every kind of treatment.

TREATMENT	FROM	TO	DID IT HELP?	WHY I STOPPED
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	
			Yes A little No	

My treatment review

Before an appointment, copy the latest check-in from each card. Your doctor sees the whole picture in a minute.

TREATMENT	STARTED	EFFECT NOW	SIDE EFFECTS	NEXT
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop
		○○○○	None Mild Strong	Keep Adjust Stop

HELPING THE MOST

NOT HELPING YET

FOR MY NEXT APPOINTMENT

Questions or changes to raise with my doctor, therapist or care team.