EVENT DIARY

NAME_____

ChimeraHealth℠

Examples of some helpful descriptions to better enable us to accurately diagnose & treat your problems:

Symptoms: e.g.- pain, weakness/ tingling, change in vision/ speech, vertigo, nausea, vomiting, sensitivity to light/ sound/ smell, blackout, sleep attack, seizure, starring, lip smaking, stiffening, jerking, incontinence, tongue biting… **Rate pain severity:** 1-10 (10 being the worst); **Location**; **Onset:** (sudden vs. gradual); Duration: (constant vs. intermittent); Quality (sharp, dull…);
Triggers: e.g.- food/ drink (chocolate, cheese, baked goods, alcohol, caffeine ingestion or withdrawal), menstrual flow or ovulation, sleep deprication, stress, flashing lights…
Medications: OTC (over-the-counter), Rx (prescription), drug name, dosage, route (mouth, nasal spray, injection, suppository), time taken after symptom onset, time until pain-free, reoccurance after medication,side effects…

Example:

23	Headache - 3 Hours; Pain- 9/10; Rx- Imitrex 50 mg oral within 10 min.

MONTH / YEAR_____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday