

Health Journal

Patient information	
Name:	Date of birth:
Contact information:	
Date:	
Medical history	
Past diagnoses:	Surgeries:
Hospitalizations:	Ongoing conditions:
Vital measurements (current)	
Weight:	Height:
Blood pressure:	Heart rate:
Temperature:	

Medication list				
Medication name	Dosage	Frequency	Start date	Notes
Immunization records				
Vaccine	Date administered	Next due (if applicable)	Notes	
Symptoms and health changes				
Date	Symptom / change	Severity (1-10)	Notes	

Medical appointment notes

Date	Provider name	Key discussions	Recommendations

Diet & nutrition

Daily meal log:

Calorie intake:

Notes on dietary goals or restrictions:

Water intake				
Date	Total ounces / litres	Goal met?	Notes	
Physical activity				
Date	Activity type	Duration	Intensity	Notes

Wellness goals & milestones

Short-term goals:

Long-term goals:

Progress updates:

Mood & mental health

Date	Mood rating (1-10)	Notes on triggers / patterns

Hormonal tracking (if applicable)**Menstrual cycle log:****Pregnancy progress (if applicable):****Hormonal therapy notes:****Bowel habits**

Date	Frequency	Consistency	Notes

Journal entries & progress reflections

Use this section for open-ended reflections, concerns, or achievements.

Healthcare professional information

Name:

License ID number:

Signature:

Date: