



The National Databank for Rheumatic Diseases

JULY - DECEMBER 2018

PATIENT HEALTH DIARY

Please feel free to use this optional form to help keep track of when you add/stop medications or have an important health event. We hope this will make it easier to fill out your January 2019 questionnaire.

This form is for your personal use only, you do not need to mail it to us.

Please enter all medications that you have started or stopped between July 1, 2018 and December 31, 2018, with or without a prescription. Please include aspirin, birth control pills, pain pills, alternative therapy, health supplements, and any pills sold in health food stores.

Name of drug, medicine, or alternative therapy	Dose (if known)	Date started in 2018	Date stopped in 2018
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Please list any health events you had **between July 1, 2018 and December 31, 2018**. Please include hospitalizations, heart conditions, lung conditions, strokes, infections (cold and flu included), endoscopies, x-rays, urine analysis, etc.

Health Event	Date	Name of Hospital or Clinic
1.		
2.		
3.		
4.		
5.		
6.		