

RECOVERY PROGRESS CHART

Outpatient Post-Op Log

Patient Name: _____

Surgery Date: ____ / ____ / ____

Procedure: _____

Surgeon/Clinic: _____

DAY / DATE	PAIN LEVEL (1-10)	MEDICATION TAKEN	ACTIVITY / MOBILITY	WOUND/ICE STATUS
Day 1: ___/___	AM [] PM []		Walking	
Day 2: ___/___	AM [] PM []		Walking	
Day 3: ___/___	AM [] PM []		Walking	
Day 4: ___/___	AM [] PM []		Walking	
Day 5: ___/___	AM [] PM []		Walking	

Daily Recovery Checklist

Hydration (8+ glasses) Physical Therapy Exercises Incision Inspection Temperature Check

Symptoms, Questions for Doctor, or Milestones:

Contact clinical staff immediately if you experience fever over 101F, excessive swelling, or shortness of breath.