

# RECOVERY TRACKER

Post-Surgical Wound Observation Log

Procedure Date: \_\_\_\_\_

Patient Name:  
Surgeon/Clinic:  
Wound Location:  
Primary Contact:

DATE/TIME	PAIN LEVEL (1-10)	DRESSING CHANGE	WOUND APPEARANCE	NOTES (DRAINAGE, ODOR, SWELLING)
		Yes		
		Yes		
		Yes		
		Yes		
		Yes		
		Yes		

ADDITIONAL PHYSICIAN INSTRUCTIONS:

**RED FLAGS:** Contact your doctor immediately if you experience: Fever over 101F, excessive redness/warmth spreading from incision, foul odor, pus-like discharge, or sudden calf pain.