

# JOINT PAIN RELIEF CHART

Patient Name: \_\_\_\_\_

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

Primary Joint Area: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_

TIME	PAIN LEVEL (1-10)	TREATMENT/MEDICATION	RELIEF RESULTS & SIDE EFFECTS
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Morning

Mid-Day

Evening

Night

1-3: Mild (Annoying) 4-6: Moderate (Interferes with tasks) 7-9: Severe (Disabling) 10: Emergency

## Daily Exercise / Physical Therapy Notes:

## Dietary / Supplement Tracking:

This template is for personal tracking only. Always consult a medical professional for treatment plans.