

7 DAY PATIENT TRACKER

<p>We recommend taking any before photos for any visible results such as hair-loss, skin conditions and post-treatment swelling.</p>	
Start weight:	Finish weight:
Start Test Results: <small>(biological sample tests)</small>	End Test Results:
HINNAO Products Taking:	Dosage Taken:
Patient Notes:	
Sleep	
Mood:	
Energy Levels:	
Aches & Pains:	
Exercise:	
Skin: (blemishes, spots, skin conditions)	
Stress:	
Stress Management:	
Appetite:	
PMS Symptoms:	
Any other symptoms: <small>(headaches, night sweats)</small>	
Recovery from procedures: <small>(operation or non-surgical treatments)</small>	
Exercise: (time and intensity, mild moderate or excessive)	
Sports Recovery:	
Addiction cravings:	
Illnesses, cough, sore throat, phlegm	
Resting heart rate	
Any medication taken (name and dosage)	

DAILY PATIENT TRACKER

HINNAO Products Taking:	Dosage Taking:
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Date:

<ol style="list-style-type: none"> 1. What time did you take HINNAO today: 2. Have you taken any other medication today? If yes, please write down: 3. If you exercised today what was the intensity: 4. What is your resting heart-rate today:

4. Rate the relevant events to you from 1 (very bad) to 10 (very good):		
How did you sleep :	How has your skin felt: <i>(blemishes / skin conditions)</i>	Recovery from any procedures: <i>(surgical or non-surgical)</i>
How was your mood today:	How were your stress levels :	How was sports recovery today:
How were your energy levels:	How did you manage stress :	How are any addiction cravings:
How were any aches & pains :	How was your appetite :	How are any cold symptoms : <i>(phlegm, sore throat, sinus, cough etc)</i>
How was exercising :	How were any PMS symptoms :	How were any headaches today:
How were any night-sweats :	How were your concentration levels: <i>(brain-fog, focussing on tasks)</i>	