PATIENT JOURNAL

Patient Name: _____

Product (Brand) Name: _____

CBD Concentration: _____mg/ml **THC:CBD Ratio:** _____

THC Concentration: _____mg/ml **Terpenes Removed?: Y/N**

Start Date: _____

+ = Increased **-** = Decreased **0** = No Change

Date	Time of Administration	Dose	Activity	Pain Level	Sleep Habits	Appetite	Anxiety	Vomiting	Diarrhea	Urination	Seizure	Other Observations *Note any change in cannabis dosing, product or changes in other medications*