

## PRESCRIBED TREATMENT: SUMMARY AND RECORD FORM

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Patient: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor: complete the treatment advice

Patient: place a tick or cross in the box marked "taken?" or "done?"

Medication name (also known as)	Time & Dose	Taken?	Time & Dose	Taken?	Time & Dose	Taken?

### Other prescribed treatments or advice (diet,, physio,...)

Treatment	Details of what to do	Done?
pathology		
radiology		
diet		
exercise		
physiotherapy		
pathology		

What to do if you experience any problems:

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