Treatment Tracker

Date: / /

Last night's sleep: 1 2 3 4 5 6 7 8 9 10

Before today's treatment, I feel:

Ecstatic Neutral Depressed

Morning

SYMPTOMS BEFORE DOSE

None Neutral Severe

CRYSTAL FLOWER LOZENGE CAPS OIL

DOSE: _____

DROPS / ML / INHALES / NUMBER

SYMPTOMS AFTER DOSE

None Neutral Severe

Midday

SYMPTOMS BEFORE DOSE

None Neutral Severe

CRYSTAL FLOWER LOZENGE CAPS OIL

DOSE: _____

DROPS / ML / INHALES / NUMBER

SYMPTOMS AFTER DOSE

None Neutral Severe

Evening

SYMPTOMS BEFORE DOSE

None Neutral Severe

CRYSTAL FLOWER LOZENGE CAPS OIL

DOSE: _____

DROPS / ML / INHALES / NUMBER

SYMPTOMS AFTER DOSE

None Neutral Severe

Night

SYMPTOMS BEFORE DOSE

None Neutral Severe

CRYSTAL FLOWER LOZENGE CAPS OIL

DOSE: _____

DROPS / ML / INHALES / NUMBER

SYMPTOMS AFTER DOSE

None Neutral Severe

Unwanted Symptoms: _____

_____

_____

After today's treatment, I feel:

Ecstatic Neutral Depressed