GLP-1 dose log

MAX HP

One row per dose. When your prescriber changes your dose, draw a line and write the new dose step.

Name _____ Medication _____ Dose step and start date _____ Units (lb / kg) _____

DATE	TIME	DOSE	SITE	DAY AFTER	SIDE EFFECTS AND NOTES	WEIGHT
				Great · Off · Rough		
				Great · Off · Rough		
				Great · Off · Rough		
				Great · Off · Rough		
				Great · Off · Rough		
				Great · Off · Rough		
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				Great · Off · Rough		
				Great · Off · Rough		
				Great · Off · Rough		
				Great · Off · Rough		
				Great · Off · Rough		
				Great · Off · Rough		

Day after: circle how the day after the dose felt. Write side effects with how strong (mild, moderate, severe) and how long they lasted.