

# Health Journal

Loved One's Name: \_\_\_\_\_

Date	Time	Health event or change in physical or emotional health	Length of event or change	Other notes
3/6/08	2:15pm	Suddenly unable to walk without assistance	Lasted until bedtime	Regained his ability to walk the next morning

Journal Page #: \_\_\_\_\_ Start Date of Journal Page: \_\_\_\_\_ End Date: \_\_\_\_\_