

Home Phototherapy Treatment Log : NB UVB



Patient Name _____

Date	Treatment Number	Dose in mJ/cm ²	Time	Comments (Record any problems such as itching, severity or location of any burning, technical difficulties, reasons for gaps in treatment, etc.)	Redness (0-3)*	Severity (0-10)**
example ↘	1	400	1:41	<i>No burn, slight itching after treatment.</i>	0	4

*** Redness Rating:**
 0 = None
 1 = Light Pink
 2 = Pinkish Red
 3 = Red

**** Disease Severity Rating:**
 Patients, please rate your skin condition on a scale of 0 - 10 where 0 is completely clear and 10 is the worst it has ever been.