Home Phototherapy Treatment Log

Daavlin
Let's Be Clear

Patient Name_____ Date_____

Date	Treatment Number	Dose	Time	Comments (Record any problems such as itching, severity or location of any burning, technical difficulties, reasons for gaps in treatment, etc.)	Pinkness (0-3)*	Severity (0-10)**
example ↘						
1-1-15	1	300 mJ	2:00 min	No burn, slight itching after treatment.	0	4

Treatment Log Instructions:
Please fill out this (or other similar journal) to keep track of your therapy. Bring it with you to your follow-up appointments with your doctor.

*** Pinkness Rating:**
0 = Not Pink
1 = Light Pink
2 = Medium Pink
3 = Dark Pink or 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.