





































Treatment diary of:

Product name:

To be filled out in the morning							
Day & date	Body temp. (Morning)	Injected dose (in mg)					
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be filled out in the evening			
Redness	Condition	Remarks	Body temp. (Evening)
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C

To be filled out in the morning							
Day & date	Body temp. (Morning)	Injected dose (in mg)					
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ °C	0,01	0,1	1	10	20	.....
	_____ °C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be filled out in the evening			
Redness	Condition	Remarks	Body temp. (Evening)
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C
Ø = _____ cm	  		_____ °C

My treatment diary

Therapy documentation for patients

Please record your personal experiences with mistletoe therapy in the given tables and discuss the course of treatment with your doctor.

To be filled out in the morning						
Day & date	Body temp. (Morning)	Injected dose (in mg)				
Monday 22.05.2023	37 °C	<input checked="" type="checkbox"/> 0,01	<input type="checkbox"/> 0,1	<input type="checkbox"/> 1	<input type="checkbox"/> 10	<input type="checkbox"/> 20

1) Record day and date of injection.

2) **Take your body temperature before** administering the injection and enter the value here.

3) Indicate the dosage you used here. This is indicated on each ampoule.

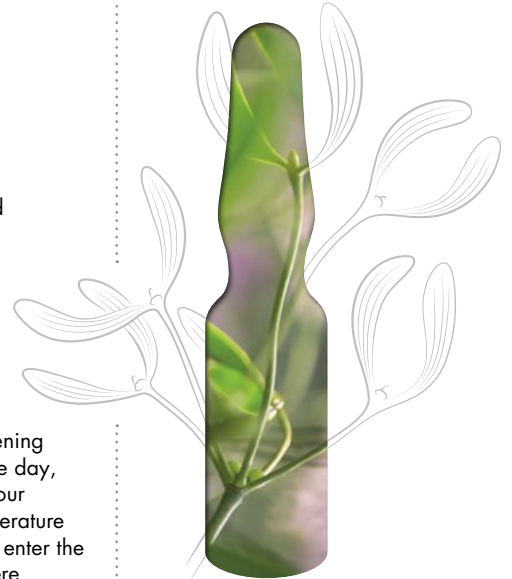
To be filled out in the evening			
Redness	Condition	Remarks	Body temp. (Evening)
Ø = ___ cm	<input type="checkbox"/> 😊 <input checked="" type="checkbox"/> 😐 <input type="checkbox"/> 😞	Less pain More appetite	38 °C

4) If redness occurs within 12 hours of the injection, record the diameter in cm

5) Please indicate your general condition (smileys).

6) Enter additional information here, e.g. improvements, aggravations (fatigue, pain, appetite, sleep) or anything significant observed during the course of the treatment.

7) On the evening of the same day, measure your body temperature again and enter the reading here.



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