



MEDICATION & SIDE-EFFECT LOG

VETERAN INFORMATION AND BASELINE

Veteran Advocacy Group LLC | VA Accredited Claims Agent

Accreditation #60676 | POA Code KW9 | 272-257-1349 | claims@veteran-advocacy.com | www.veteran-advocacy-group.com

VETERAN INFORMATION

Veteran name	VA file number (last 4 only)	Log start date
Primary phone	Email	Representative / provider

CONDITION BASELINE

Primary condition	Prescribing provider	Pharmacy
Date symptoms began	Typical frequency	Typical severity (0-10)

CURRENT TREATMENT

Medication	Dose / schedule	Start / stop date	Purpose

HOW TO USE THIS LOG

Record symptoms as soon as practical. Include frequency, severity, duration, treatment, and what the condition prevented or made difficult. Describe effects on employment, relationships, sleep, mobility, self-care, driving, and household activities. Record only events and limitations actually experienced. Keep related medical and employment records. Do not stop or change prescribed medication without medical guidance unless emergency instructions require otherwise.



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SEVEN-DAY SYMPTOM AND FUNCTIONAL-IMPACT SUMMARY

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Veteran name

Week beginning

Week ending

DAILY SUMMARY

Date / time	Medication / dose	Taken / missed	Benefit 0-10	Side effect	Duration	Daily impact

WEEKLY FUNCTIONAL IMPACT

Total episodes / symptom days

Severe symptom days

Care or treatment contacts

Work hours lost

Appointments / activities missed

Help needed from another person

Weekly notes, patterns, triggers, or changes:



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DETAILED SYMPTOM OR EPISODE RECORD

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Veteran name

Date

Condition / affected area

SYMPTOM OR EPISODE DETAILS

☐ Drowsiness ☐ Dizziness ☐ Nausea ☐ GI symptoms ☐ Headache ☐ Cognitive difficulty
☐ Sexual dysfunction ☐ Mood change

Medication / dose / time

Reason taken or missed

Expected benefit and actual response

Side effect and severity

Start and end time

TREATMENT, RESPONSE & WITNESSES

Provider contacted / instruction

Driving, work, or daily impact

Medication / treatment used

Relief: none / partial / complete

Time until recovery

FUNCTIONAL IMPACT

☐ Continued normally ☐ Reduced activity ☐ Stopped activity ☐ Needed rest
☐ Needed assistance ☐ Missed work ☐ Left early ☐ Missed appointment

Work or activity time lost

Person who observed / assisted

Provider contacted

Describe exactly what the symptoms prevented, interrupted, or required help completing: