

**Personal
Medical & Expense
Diary - Journal**

INSTRUCTIONS

This Personal Medical Expense Diary-Journal is designed to help you keep an accurate record of important details. When properly used it will assist your lawyer in the protection of your rights and in the collection of money which may be due you from an insurance company or others.

If you enter the facts, figures, dates and other information in the appropriate pages of this book you and your lawyer will have a permanent record of vital details necessary to determine the just value of your injury case. You will not have to rely upon your memory to recall important information at some later date.

Please read the instructions and the example entries at the start of each section of your Diary-Journal. Make your own entries as soon as possible—delay may cause you to forget. Be accurate. Refer to the calendars on the back covers to double check dates before making entries. Use as much space as you need. Call or write your lawyer if you need another book. Bring your Diary-Journal with you each time you come to the office. If you are unable to come to the office please mail your Diary-Journal to the office along with bills, receipts, cancelled checks or other written proof of the obligation or the payment of it. The Diary-Journal will fit into a number 10 envelope and will be returned to you by mail after your lawyer has made the necessary entries in your case.

IMPORTANT INFORMATION

- DO NOT** discuss your case with strangers, insurance adjusters or other curious people in person or by telephone.
- DO NOT** permit the tape recording of your voice by anyone (insurance adjusters, the person who caused your injury, or others) without first obtaining permission from your lawyer.
- DO NOT** sign your name to, or initial any papers without first consulting with your lawyer.
- DO NOT** go to traffic court civil court or any proceedings without first consulting with your lawyer.
- DO NOTIFY** your lawyer and report any changes in your telephone number, address or place of employment, changes in your condition, other injuries; attempts by others to obtain your signature, initials or other information. Get the name, address, and telephone number of any such person, and advise your lawyer of the information.

PAIN DIARY

For: _____

To help us keep track of how well your pain management is working, please record your pain level three (3) times a day for the next week on the chart below. Also, indicate how pain has affected you daily activities, if at all. Also include: Where it hurts? (Location) How does the pain feel? (Hint: burning, stabbing, sharp, aching, throbbing, tingling, etc.) Bring this diary with you to your next appointment or mail it back in to the office, so that we can keep track for your personal injury claim.

Pain Diary for the week of _____

	day			day			day			day			day			day					
	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM	AM	MID	PM
Worst Pain 10																					
9																					
8																					
7																					
6																					
5																					
4																					
3																					
2																					
1																					
No pain 0																					
rescue dose needed																					
current regimen																					
dosage adjustment																					

Where did usual occurrence of pain appear? _____

How did the pain feel, please circle ones that apply? - burning, stabbing, sharp, aching, throbbing, tingling, pounding, pressing - other _____

