

		CLINICAL TRIAL: PATIENT JOURNAL							
WEEK #: _____									
Patient Name:						Species:			
Last Name:						Breed:			
Case ID Number:						Gender:			
Doctor Name:						Age:			
Date of Visit / Exam:						Initial Weight:			
#	Evaluation of Clinical Observations	Day:	Day:	Day:	Day:	Day:	Day:	Day:	Day:
		/	/	/	/	/	/	/	/
1	Appetite: (Since Episode)								
	Anorectic – Totally off food								
	Decreased Appetite								
	Appetite Same as Before								
2	Diarrhea:								
	Explosive or Watery Diarrhea								
	Soft Stool – Not Formed								
	Soft Stool – Formed								
3	Blood in Stool:								
	No Blood in Stool								
	Blood in Stool								
4	Malena:								
	Stool Color Normal								
	Black, Tarry Stools								
5	Straining:								
	No Strain								
	Straining – Difficulty Moving Bowels								
6	Gas/Flatulence:								
	None								
	Severe								
7	Mucous production:								
	None								
	Yes								
Items #: 8 - 11: To be filled out by Veterinarian		Items #: 8 - 11: To be filled out by Veterinarian							
8	Weight (lbs):								
9	Diet Type (Selection 1-4):								
10	Medications/Protocol:								
11	Remarks:								