

Brain Dump Journal

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Record one entry per line, as close to the event as possible. Bring the completed log to your next appointment.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

Recorded by: _____ Period covered: _____

Complete one row per entry. Record intensity (0-10) at the time it is observed rather than from memory.

BRAIN DUMP LOG

Date: _____ dd / mm / yyyy Time: _____

Situation / trigger

Intensity (0-10): _____

Notes / action taken

Patterns noticed over this period

Questions for the next appointment