

My treatment

Keep track of your treatment - things like medication, pulmonary rehabilitation and oxygen.



Name of medication or treatment

Date started (dd/mm/yy)

Details (for example how often, when, dose, any side effects)

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Date ended (dd/mm/yy)

Name of medication or treatment

Date started (dd/mm/yy)

Details (for example how often, when, dose, any side effects)

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