**PAIN LOG**

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| --- | --- | --- | --- |
| **Date / Time** | **Pain / Sickling location on body** | **Severity (Put a score from 1-5)** | **Medication taken** |
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**WARFARIN BLOOD TEST LOG**

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| --- | --- | --- | --- |
| **Date of blood test** | **Dose before** | **Dose change** | **Weeks till next test** |
|  |  |  |  |
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