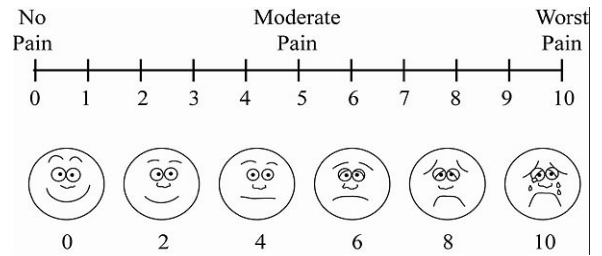



Patient Intake Log

- Please use this intake form and bring this form to Dr. Hoff during your post-op doctor's appointment.
- Record amount of **all liquids** you drink: water, juice, broth
- Record your pain medications and overall **pain score** for the day.



Fluid Intake (_ = ounces) **DAY 1**

 | | | | | | | | | **Fluid total:** _____ (oz) Date: _____

Goal 64 ounces of fluid per day.


Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 2**

 | | | | | | | | | **Fluid total:** _____ (oz) Date: _____

Goal 64 ounces of fluid per day.


Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 3**

 | | | | | | | | | **Fluid total:** _____ (oz) Date: _____

Goal 64 ounces of fluid per day.


Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 4**

 | | | | | | | | | **Fluid total:** _____ (oz) Date: _____

Goal 64 ounces of fluid per day.

Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

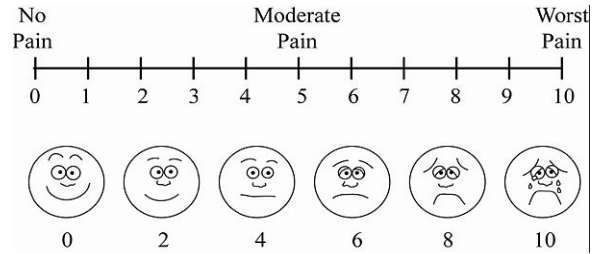
Oxycodone _____ | _____ | _____ | _____ | _____ | _____

<p>Dehydration Information</p> <ul style="list-style-type: none"> • Try to drink at least 6 ½ - 8 cups of liquid daily. • Best liquid is water • Others include: Gatorade/Powerade, juices. • Refrain from drinking caffeine containing products because they worsen dehydration 	<p>Common Measurements</p> <p>1 cup = 8 ounces ½ gallon = 64 ounces</p> <p>1 liter bottle = 33 oz ½ liter bottle = 16 oz</p> <p>Small popsicle = 3 oz</p>
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Signs of dehydration include:
 Dry mouth, thirst, dizziness, headache, dark yellow urine. If you experience these symptoms make sure you are drinking enough water. If the symptoms persist call the homecare agency or Dr. Hoff's office (734) 434-3200.

Patient Intake Log

- Please use this intake form and bring this form to Dr Hoff during your post- op doctor's appointment.
- Record amount of **all liquids** you drink
- Record your pain medications and overall **pain score**.



Fluid Intake (_ = ounces) **DAY 5**
 ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ **Fluid total:** _____ (oz) Date: _____
 Goal 64 ounces of fluid per day.

Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____
 Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)
 Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No
 Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 6**
 ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ **Fluid total:** _____ (oz) Date: _____
 Goal 64 ounces of fluid per day.

Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____
 Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)
 Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No
 Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 7**
 ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ **Fluid total:** _____ (oz) Date: _____
 Goal 64 ounces of fluid per day.

Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____
 Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)
 Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No
 Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 8**
 ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ **Fluid total:** _____ (oz) Date: _____
 Goal 64 ounces of fluid per day.

Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____
 Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)
 Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No
 Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 9**
 ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ **Fluid total:** _____ (oz) Date: _____
 Goal 64 ounces of fluid per day.

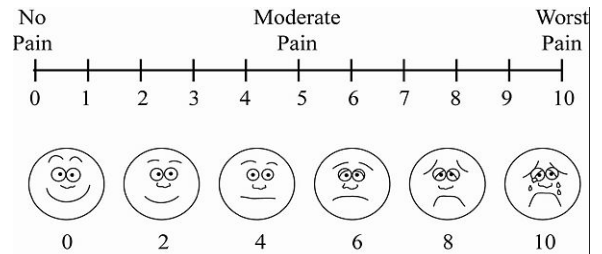
Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____
 Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)
 Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No
 Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Dehydration Information **Common Measurements**


- Try to drink at least 6 ½ - 8 cups of liquid daily. 1 cup = 8 ounces ½ gallon = 64 ounces
- Best liquid is water 1 liter bottle = 33 oz ½ liter bottle = 16 oz
- Small popsicle = 3 oz

Patient Intake Log

- Please use this intake form and bring this form to Dr Hoff during your post- op doctor's appointment.
- Record amount of **all liquids** you drink.
- Record your pain medications and overall **pain score**



Fluid Intake (_ = ounces) **DAY 10**

 _ | _ | _ | _ | _ | _ | _ | _ **Fluid total:** _____(oz) **Date:** _____

Goal 64 ounces of fluid per day.


Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 11**

 _ | _ | _ | _ | _ | _ | _ | _ **Fluid total:** _____(oz) **Date:** _____

Goal 64 ounces of fluid per day.


Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 12**

 _ | _ | _ | _ | _ | _ | _ | _ **Fluid total:** _____(oz) **Date:** _____

Goal 64 ounces of fluid per day.


Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 13**

 _ | _ | _ | _ | _ | _ | _ | _ **Fluid total:** _____(oz) **Date:** _____

Goal 64 ounces of fluid per day.


Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

Oxycodone _____ | _____ | _____ | _____ | _____ | _____

Fluid Intake **DAY 14**

 _ | _ | _ | _ | _ | _ | _ | _ **Fluid total:** _____(oz) **Date:** _____

Goal 64 ounces of fluid per day.

Pain Medications: Dose and Time when taken: **Pain Score** (number 0-10) _____

Tylenol _____ | _____ | _____ | _____ (Average pain score for the day)

Gabapentin _____ | _____ | _____ **Nausea/Vomiting?** Yes / No

Oxycodone _____ | _____ | _____ | _____ | _____ | _____

<p>Dehydration Information</p> <ul style="list-style-type: none"> • Try to drink at least 6 ½ - 8 cups of liquid daily. • Best liquid is water 	<p>Common Measurements</p> <p>1 cup = 8 ounces ½ gallon = 64 ounces</p> <p>1 liter bottle = 33 oz ½ liter bottle = 16 oz</p> <p>Small popsicle = 3 oz</p>
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