CBD TITRATION CHART

| Name: | Start Date: |
|---|---|

**Condition prior to starting new CBD program**:

Date: _____ Time: _____

| Code # | Condition | Describe | Severity 1-10 | Notes |
|---|---|---|---|---|
| 01 | Anxiety | | | |
| 02 | Joint Pain | | | |
| 03 | Headache | | | |
| 04 | Nausea | | | |
| 05 | Stomach pains | | | |
| 06 | Digestion | | | |
| 07 | Insomnia/Sleep | | | |
| 08 | | | | |

**Dosage**

| Day | Date | Product | Dose | Morning Dose Time | Afternoon Dose Time | Evening Dose Time | Symptoms | Severity |
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