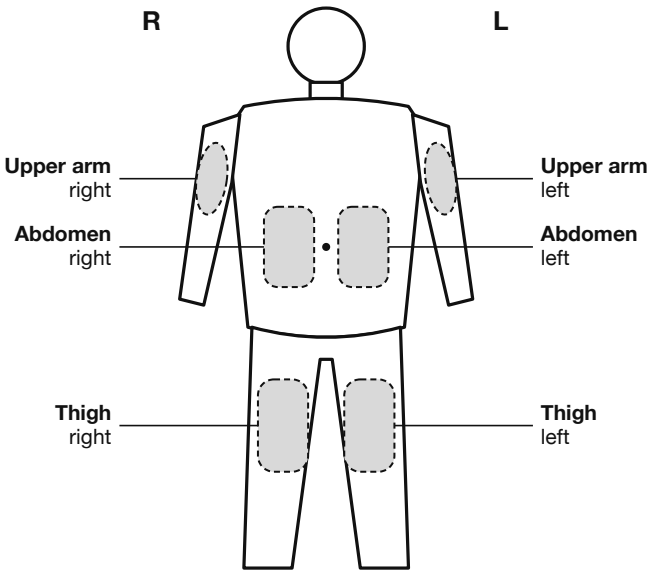
GLP-1 shot and site log

One row per shot. Circle the area and side you used, then check the last row before your next one.

Name _____ **Started this sheet** _____



Front view. Your right side is on the left of the drawing.

Sites my instructions or care team list

- ☐ Abdomen
- ☐ Thigh
- ☐ Upper arm
- ☐ Other: _____

My rotation order

1 _____ **2** _____

3 _____ **4** _____

5 _____ **6** _____

1. Copy the order your instructions or care team gave you.
2. Write the medication name and pen exactly as the label shows it.
3. Note anything you noticed at the site, even if it seems small.

Shot log

#	DATE	TIME	MEDICATION / PEN as the label shows it	SITE circle area and side	NOTES site, how you felt, missed or late
1				Abd Thigh Arm **L** **R**	
2				Abd Thigh Arm **L** **R**	
3				Abd Thigh Arm **L** **R**	
4				Abd Thigh Arm **L** **R**	
5				Abd Thigh Arm **L** **R**	
6				Abd Thigh Arm **L** **R**	
7				Abd Thigh Arm **L** **R**	
8				Abd Thigh Arm **L** **R**	
9				Abd Thigh Arm **L** **R**	
10				Abd Thigh Arm **L** **R**	
11				Abd Thigh Arm **L** **R**	
12				Abd Thigh Arm **L** **R**	

For personal record keeping. Not medical advice. Share it with your care team.

GLP-1 shot and site log

Continued. Keep both pages together and bring them to appointments.

Shot log, continued

#	DATE	TIME	MEDICATION / PEN as the label shows it	SITE circle area and side	NOTES site, how you felt, missed or late
13				Abd Thigh Arm **L** **R**	
14				Abd Thigh Arm **L** **R**	
15				Abd Thigh Arm **L** **R**	
16				Abd Thigh Arm **L** **R**	
17				Abd Thigh Arm **L** **R**	
18				Abd Thigh Arm **L** **R**	
19				Abd Thigh Arm **L** **R**	
20				Abd Thigh Arm **L** **R**	
21				Abd Thigh Arm **L** **R**	
22				Abd Thigh Arm **L** **R**	
23				Abd Thigh Arm **L** **R**	
24				Abd Thigh Arm **L** **R**	
25				Abd Thigh Arm **L** **R**	
26				Abd Thigh Arm **L** **R**	
27				Abd Thigh Arm **L** **R**	
28				Abd Thigh Arm **L** **R**	
29				Abd Thigh Arm **L** **R**	

Questions for my care team