

# Dosing diary

for medicinal cannabis patients



Cannatrek's dosing diary is a tool for patients that have been prescribed medicinal cannabis. Please refer to your Prescriber for all dosing information. Patients may choose to share their dosing diary with their Prescriber at follow up appointments.

TGA guidance suggests that an initial medicinal cannabis treatment plan should be for a period of one-month to trial the effectiveness of the medication for the patient's condition/symptoms.

[tga.gov.au/publication/guidance-use-medicinal-cannabis-australia-overview#before-plan](https://www.tga.gov.au/publication/guidance-use-medicinal-cannabis-australia-overview#before-plan)

When trialling medicinal cannabis, patients are advised to titrate their medication. Titration is the process of gradually increasing a dose until a desired result is achieved or a side effect is experienced. We advise all new patients to start low, go slow and stay low. Patients should not ingest additional cannabis until they have accurately gauged the effect of their prior dose.

## Dosing diary day 1

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 1

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 2

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 2

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 3

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 3

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 4

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 4

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 5

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 5

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 6

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 6

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 7

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 7

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |



## Dosing diary day 8

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 8

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 9

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 9

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 10

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 10

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 11

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 11

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 12

Date:

Product name 1: (eg C12T12™ Ruby Oil)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |

## Dosing diary day 12

Date:

Product name 2: (eg T25® Topaz Flower)

| Dose consumed (ml or mg)<br>eg .25ml | Time of dose<br>eg 7.00am | Comments<br>(eg effects of symptoms, unwanted side effects) |
|--------------------------------------|---------------------------|---|
| 1                                    |                           |   |
| 2                                    |                           |   |
| 3                                    |                           |   |
| 4                                    |                           |   |
| 5                                    |                           |   |







Start low, go slow and stay low.

**IF YOU HAVE ANY CONCERNS ABOUT YOUR DOSING SCHEDULE PLEASE  
CONTACT YOUR MEDICINAL CANNABIS PRESCRIBER**

Prescriber name:

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Contact number:

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