

ETHICAL NUTRIENTS

CLINICAL

PAIN DIARY

ETHICAL NUTRIENTS NERVALGESIC™ RELIEVES MILD NERVE PAIN & NEURALGIA

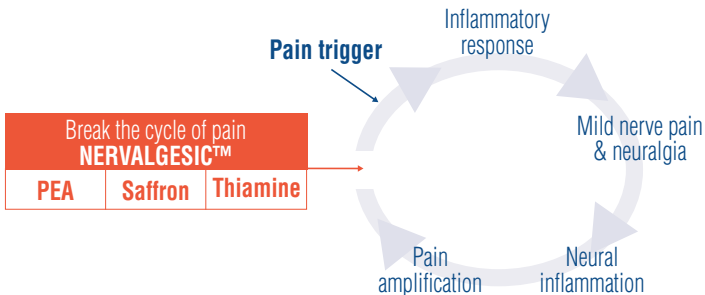


- Relieve mild nerve pain & neuralgia
- Analgesic & anti-inflammatory actions
- Break the cycle of mild nerve pain
- Support a healthy nervous system

Ethical Nutrients Nervalgesic™ contains high strength and bioavailable PEA, a cutting-edge ingredient that assists with mild nerve pain and inflammation. Thiamine supports nervous system function, and when combined with PEA, saffron and vitamin B1, Ethical Nutrients Nervalgesic™ works to break the pain cycle.

For relief from mild nerve pain & neuralgia: Take two capsules per day.

To support healthy nervous system function: Take one capsule per day.



Always read the label and follow the directions for use.

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ETHICAL NUTRIENTS NERVALGESIC™ MUSCLE RELIEVES MILD PAIN & SUPPORTS THE NEUROMUSCULAR SYSTEM



- Analgesic & anti-inflammatory actions
- Break the cycles of muscle & mild nerve pain
- Support healthy muscles



Great tasting, easy to use powder with new colour changing technology

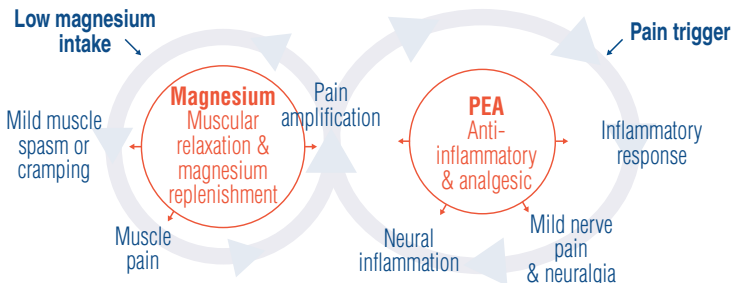
Ethical Nutrients Nervalgesic™ Muscle works on the neuronal and muscular processes to help break the pain cycle. It contains high strength, bioactive PEA, an innovative ingredient that assists with mild nerve pain and inflammation combined with highly absorbable magnesium to help relieve muscle spasms, pain and cramping and replenish magnesium stores.

For relief from pain & inflammation: Take 1 scoop (5g) twice daily.

To support healthy muscles: Take 1 scoop (5g) daily.

Mixing directions:

Add 1 scoop (5g) to 200mL water and stir until colour changes from deep blue to pink. The natural black carrot interacts when mixed with water, to cause this colour change.



PAIN DIARY - WEEK 1

Completing the pain diary allows you and your healthcare provider to monitor your progress and response to treatment. Identifying trends in your pain cycle also help you better understand the factors that influence you most, as everyone's pain journey is different.

Please indicate what type of **pain you experienced** this week and **where in your body**:



Nerve pain
(ie. sharp, burning, pins & needles)



Muscle pain
(ie. cramps, spasms, aches)



Back/Neck/Shoulder



Other



Medical Condition



Headache or Migraine



Joints
(wrist, knee)

Week commencing:

S	M	T	W	T	F	S
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PAIN SCORES (Provide a rating between 1 and 10, i.e. 1 = low pain levels, 10 = high pain levels)

	S	M	T	W	T	F	S
Pain severity							
Inability to move or function well							
Interference with daily activities							

FACTORS THAT INFLUENCE PAIN (Provide a rating between 1 and 10, i.e. 1 = low stress/energy, 10 = high stress/energy)

	S	M	T	W	T	F	S
Stress levels							
Energy level throughout the day							
Sleep quality							
Hours of restful sleep (e.g. 7 hours)							
Mood/Emotional State							

MEDICATIONS/SUPPLEMENTS

	S	M	T	W	T	F	S
Did you take your supplements today? (Y/N)							
Did you use medication for pain relief today? (Y/N)							
Please indicate the number and type of pain medication/s you used today (e.g. 2 x paracetamol)							

Additional Notes:

PAIN DIARY - WEEK 2

Completing the pain diary allows you and your healthcare provider to monitor your progress and response to treatment. Identifying trends in your pain cycle also help you better understand the factors that influence you most, as everyone's pain journey is different.

Please indicate what type of **pain you experienced** this week and **where in your body**:



Nerve pain
(ie. sharp, burning, pins & needles)



Muscle pain
(ie. cramps, spasms, aches)



Back/Neck/Shoulder



Other



Medical Condition



Headache or Migraine



Joints
(wrist, knee)

Week commencing:

S	M	T	W	T	F	S
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PAIN SCORES (Provide a rating between 1 and 10, i.e. 1 = low pain levels, 10 = high pain levels)

	S	M	T	W	T	F	S
Pain severity							
Inability to move or function well							
Interference with daily activities							

FACTORS THAT INFLUENCE PAIN (Provide a rating between 1 and 10, i.e. 1 = low stress/energy, 10 = high stress/energy)

	S	M	T	W	T	F	S
Stress levels							
Energy level throughout the day							
Sleep quality							
Hours of restful sleep (e.g. 7 hours)							
Mood/Emotional State							

MEDICATIONS/SUPPLEMENTS

	S	M	T	W	T	F	S
Did you take your supplements today? (Y/N)							
Did you use medication for pain relief today? (Y/N)							
Please indicate the number and type of pain medication/s you used today (e.g. 2 x paracetamol)							

Additional Notes:

PAIN DIARY - WEEK 3

Completing the pain diary allows you and your healthcare provider to monitor your progress and response to treatment. Identifying trends in your pain cycle also help you better understand the factors that influence you most, as everyone's pain journey is different.

Please indicate what type of **pain you experienced** this week and **where in your body**:



Nerve pain
(ie. sharp, burning, pins & needles)



Muscle pain
(ie. cramps, spasms, aches)



Back/Neck/Shoulder



Other



Medical Condition



Headache or Migraine



Joints
(wrist, knee)

Week commencing:

S	M	T	W	T	F	S
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PAIN SCORES (Provide a rating between 1 and 10, i.e. 1 = low pain levels, 10 = high pain levels)

Pain severity	S	M	T	W	T	F	S
Pain severity							
Inability to move or function well							
Interference with daily activities							

FACTORS THAT INFLUENCE PAIN (Provide a rating between 1 and 10, i.e. 1 = low stress/energy, 10 = high stress/energy)

Stress levels	S	M	T	W	T	F	S
Stress levels							
Energy level throughout the day							
Sleep quality							
Hours of restful sleep (e.g. 7 hours)							
Mood/Emotional State							

MEDICATIONS/SUPPLEMENTS

Did you take your supplements today? (Y/N)	S	M	T	W	T	F	S
Did you take your supplements today? (Y/N)							
Did you use medication for pain relief today? (Y/N)							
Please indicate the number and type of pain medication/s you used today (e.g. 2 x paracetamol)							

Additional Notes:

PAIN DIARY - WEEK 4

Completing the pain diary allows you and your healthcare provider to monitor your progress and response to treatment. Identifying trends in your pain cycle also help you better understand the factors that influence you most, as everyone's pain journey is different.

Please indicate what type of **pain you experienced** this week and **where in your body**:



Nerve pain
(ie. sharp, burning, pins & needles)



Muscle pain
(ie. cramps, spasms, aches)



Back/Neck/Shoulder



Other



Medical Condition



Headache or Migraine



Joints
(wrist, knee)

Week commencing:

S M T W T F S

PAIN SCORES (Provide a rating between 1 and 10, i.e. 1 = low pain levels, 10 = high pain levels)

	S	M	T	W	T	F	S
Pain severity							
Inability to move or function well							
Interference with daily activities							

FACTORS THAT INFLUENCE PAIN (Provide a rating between 1 and 10, i.e. 1 = low stress/energy, 10 = high stress/energy)

	S	M	T	W	T	F	S
Stress levels							
Energy level throughout the day							
Sleep quality							
Hours of restful sleep (e.g. 7 hours)							
Mood/Emotional State							

MEDICATIONS/SUPPLEMENTS

	S	M	T	W	T	F	S
Did you take your supplements today? (Y/N)							
Did you use medication for pain relief today? (Y/N)							
Please indicate the number and type of pain medication/s you used today (e.g. 2 x paracetamol)							

Additional Notes:

ETHICAL NUTRIENTS CLINICAL



A specialist range of evidence-based products, designed for use by healthcare practitioners to achieve therapeutic patient outcomes. As an advocate for high quality standards, Ethical Nutrients Clinical products are formulated with stringently-sourced, premium ingredients, offering online visibility to quality testing information (TruQuality™) for every single formula.



Scan to find your
local stockist

This Practitioner Only range is available behind the counter in select pharmacies.