



Petal & Paper

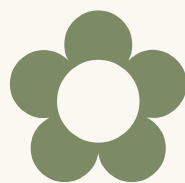
YOUR FREE PRINTABLE

General symptom diary



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S Y M P T O M D I A R Y

health log

Date · ____ **Main symptom:** ____ **Duration today:** ____

Severity · ____/10 **Time of onset:** ____ **Duration:** ____

Other symptoms · _____

What made it better · _____

What made it worse · _____

Any pattern (time of day, food, activity) ·

Photo / evidence taken · ☐ **Medication taken:** ____

T W O W E E K S O F D O C U M E N T E D S Y M P T O M S
C H A N G E S A G P C O N S U L T A T I O N

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