How to use this Template

1. Write in weekly dates.

* Have a “Well” column. It is important for both you and your Healthcare professional to see weeks you are well.
* Once you have listed a symptom, just check it on the next relevant date.
* The same goes for medications.
* Show this to your Healthcare Professional when you visit.

1. List any symptoms.
2. Check each relevant symptom.
3. Go to the medications section.
4. List the medication(s) taken.
5. Check each relevant medication.

Example:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date** (make it weekly) | 02/03/23 | 09/03/23 | 16/03/23 | 23/03/23 | 30/03/23 | 6/04/23 | 13/04/23 | 20/04/23 | 27/04/23 | 04/05/23 | 11/05/23 | 18/05/23 | 25/05/23 | 01/06/23 | 08/06/23 | 15/06/23 |
| **Symptoms List** |
| *WELL* | √ | √ |  |  |  |  | √ | √ |  | √ | √ | √ |  |  |  |  |
| *Sore Throat* |  |  | √ | √ | √ |  |  |  |  |  |  |  | √ | √ | √ |  |
| *Nose green mucus* |  |  |  | √ | √ |  |  |  |  |  |  |  |  | √ | √ |  |
| *Green mucus cough* |  |  |  | √ | √ |  |  |  |  |  |  |  |  | √ | √ |  |
| *Wheezing* |  |  |  | √ | √ | √ |  |  |  |  |  |  |  | √ | √ | √ |
| *Glands up* |  |  | √ | √ | √ |  |  |  |  |  |  |  | √ | √ | √ |  |
| *Fatigue* |  |  | √ | √ | √ |  |  |  |  |  |  |  | √ | √ | √ |  |
| *Migraine* |  |  |  |  |  |  |  |  | √ |  |  |  |  |  |  |  |
| *Add rows for more symptoms* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Medications taken** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Augmentin + CA* |  |  |  | √ | √ |  |  |  |  |  |  |  |  | √ | √ |  |
| *Ventolin* |  |  |  | √ | √ | √ |  |  |  |  |  |  |  | √ | √ | √ |
| *Atrovent* |  |  |  | √ | √ |  |  |  |  |  |  |  |  | √ | √ |  |
| *Maxalt* |  |  |  |  |  |  |  |  | √ |  |  |  |  |  |  |  |
| *Add rows for more medications* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| **Patient Name** | *Insert your name here* |

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| **Date** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Symptoms List** |
| **Well** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *Add rows for more symptoms* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Medications taken** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *Add rows for more medications* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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