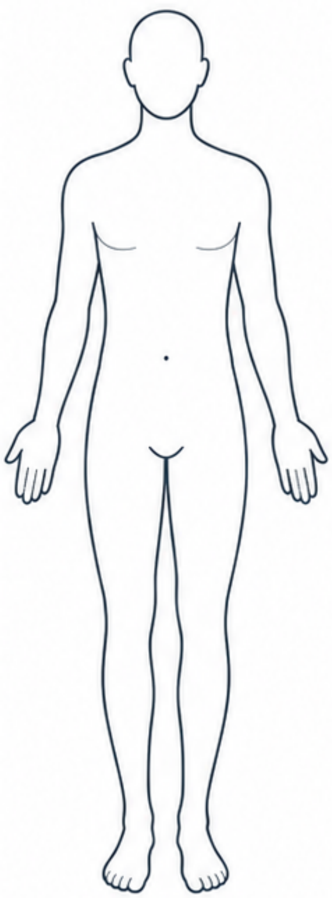
SYMPTOM TRACKER

BODY MAP

Use the diagram below to mark where you feel any symptoms or discomfort.



LEGEND (Optional)

- Pain
- Ache
- Numbness
- Other ______

DAILY SYMPTOM LOG

DATE	SYMPTOM	SEVERITY (1-5)	NOTES
______		1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	
______		1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	
______		1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	
______		1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	
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______		1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	

DOCTOR VISIT NOTES

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