

My Symptom Tracker

USE THE TRACKER BELOW TO DOCUMENT YOUR SYMPTOMS.

My visit with: _____

Date: _____

Things we talked about/Things I need to do:

Symptoms I have experienced since the last visit:

Describe your symptoms:

What: _____

Where: _____

When: _____

How Often: _____

Additional notes about your symptoms:



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PP-XEL-CAN-0388-EN



Patient Support Program

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