GENERAL SYMPTOM DIARY

Patient's name:	Date of birth:	/	' /	Medical record #:	
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Date	Symptom	Time	Duration	Intensity (1-10)	Triggers	Treatment used	Response



 $\textbf{\textit{FPM Toolbox}} \ \ \text{To find more practice resources, visit https://www.aafp.org/fpm/toolbox.}$

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