

# Diagnosis/Symptom

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**BACKGROUND INFORMATION** *When did it start? Who discovered it? Any family history of this? Is it constant or intermittent? Etc.*

**WHAT DOES A TYPICAL EPISODE/EXACERBATION LOOK LIKE & FEEL LIKE FOR YOU?**

**WHAT IS IT LIKE AT ITS WORST?** *When/how often is this?*

**WHAT IS IT LIKE AT ITS BEST?** *When/how often is this?*

**WHICH TREATMENTS/INTERVENTIONS HAVE YOU TRIED SO FAR? HOW DID YOU RESPOND?**

**GOALS FOR TREATMENT** *Symptom relief, identifying causes, finding the best medication(s)/interventions, short/long term, etc.*

**WHAT DOCTORS/PROFESSIONALS ARE HELPING ME WITH THIS?** *Including contact info*

# Condition *Tracker*

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