*Major Symptoms | Abbreviation

1 _____ _____
2 _____ _____
3 _____ _____

Symptom Diary

Weight Loss and Natural Hormone Balancing Clinic
Kathryn R.DeSantis, Family Nurse Practitioner
Ph. (801) 272-1246
www.UtahNaturalSolutions.com

Month_____

Calendar Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Length of Cycle (in days)
Day of Cycle (Day 1=1st day of bleeding)																																
Hormone Dosing / amt.																																
*Major Symptoms (Abbreviation)	Severity (0-10)																															

Month_____

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