

Personal Daily Symptom Chart Excel Apothecary, LLC



NAME _____
MONTH _____

DAY OF MONTH	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	
CYCLE DAY																																
(SYMPTOMS)																																
<i>Before Flow</i>																																
<i>Flow Days</i>																																
<i>After Flow</i>																																
<i>Hot Flashes</i>																																
<i>Anxiety</i>																																
<i>Depressed</i>																																
<i>Fatigue</i>																																
<i>Nite Sweats</i>																																
<i>Insomnia</i>																																
<i>Vaginal Dryness</i>																																
<i>Irritable</i>																																
<i>Mood Swings</i>																																
<i>Loss of Libido</i>																																
<i>Acne</i>																																
<i>Foggy Thinking</i>																																
<i>Memory Loss</i>																																
<i>Headaches</i>																																
<i>Water Retention</i>																																
<i>Breast Tender</i>																																
<i>Cold Temp</i>																																
<i>Good Day!!!!</i>																																
<i>Bad Day•••</i>																																

Retain a Copy for you and your consultant pharmacist