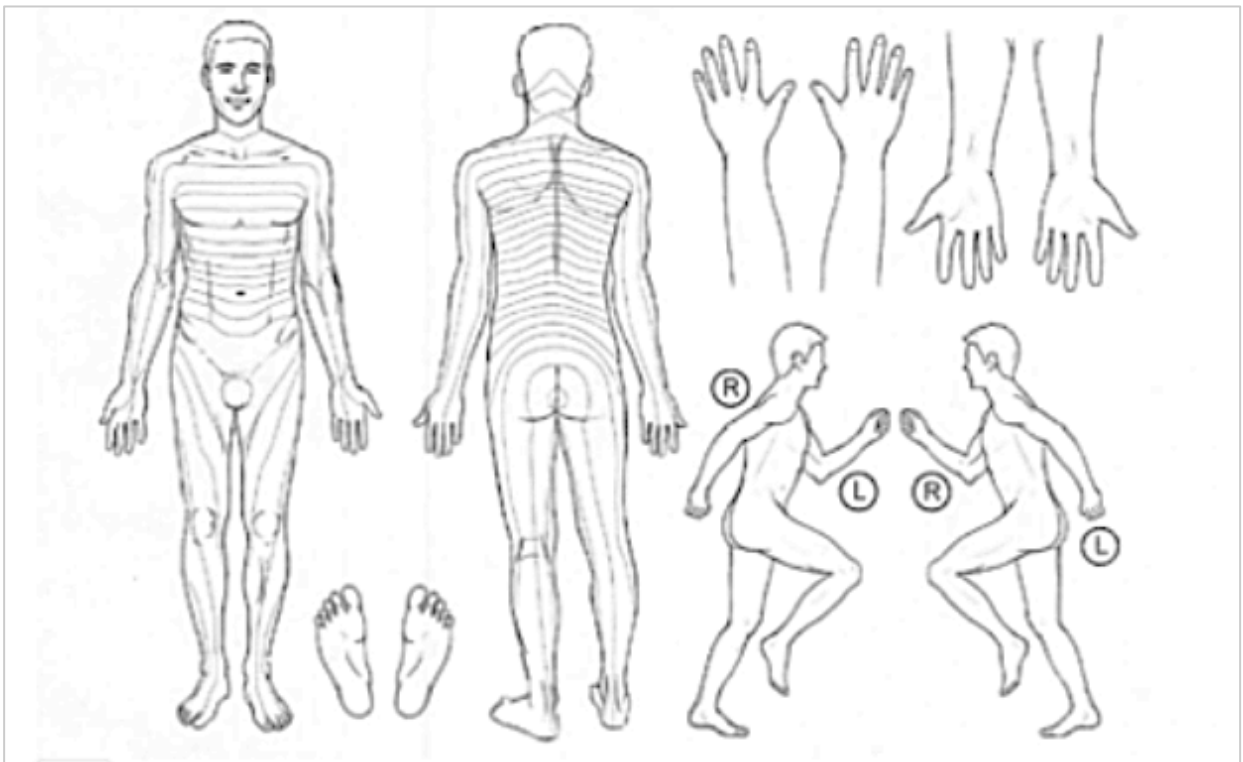


Fibromyalgia symptom update for doctor visits

Name: _____

Date: _____



Reason for visit: _____

Makes pain worse:

- _____
- _____
- _____

Brings relief:

- _____
- _____
- _____

Current prescriptions:

Medication	Dosage & Frequency	Date started	Relieves pain	Comments e.g., side effects, benefits
			yes no	
			yes no	
			yes no	

			yes	no	
			yes	no	
			yes	no	
			yes	no	

Current non-prescription medications:

Medication	Dosage & Frequency	Date started	Relieves pain?	Comments
			yes no	
			yes no	
			yes no	

Vitamins & supplements:

Name	Dosage & Frequency	Date started	Indication (reason taking)	Comments (effectiveness, discontinuation)

Non-pharmacological treatments: (e.g., acupuncture, massage, physiotherapy)

Name	Date started	Frequency	Relieves pain	Comments e.g., side effects, benefits
			yes no	
			yes no	
			yes no	

Treatments discontinued since last visit:

Name	Dosage & Frequency	Date started	Date stopped	Reason for discontinuation