One page sinus symptom summary

Name or initials _____ Appointment date _____

Why I booked

What is the main thing you want to discuss?

Dates and coverage

Dates your notes cover and how many days you logged.

Main pattern

When it changed, where you felt it, and what you noticed between episodes.

Daily impact

One example that shows how it affected your life.

What I used

Product or routine and what you remember about using it.

My questions

Write your most important question first.

Next step and who will arrange it

Use this space during or after your appointment.

Personal observations only. Not clinically reviewed. These sheets do not diagnose symptoms or replace your care team’s instructions. Do not delay care to complete a diary.