



# SAIDEMAN PRACTICE

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It would be very helpful to me if you could fill in the chart below (as best as you can) before you come to see me.

Perhaps on a scale of 1-5: 1 being mild symptoms and 5 severe. Just fill in whichever symptoms are relevant, and leave the rest blank.

## SYMPTOM CHART

Name:

Month:

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
daytime sweats/flushes																															
night sweats/flushes																															
poor sleep																															
headaches																															
tiredness																															
aches/pains																															
breast tenderness																															
bloated																															
weight gain																															
acne																															
hair loss																															
pelvic pain																															
food cravings																															
appetite changes																															
constipation/diarrhoea																															
mood swings																															
tearfulness/low mood																															
tension/unease																															
irritability																															
restless																															
depression																															
loss of efficiency																															
clumsiness																															
poor concentration																															
vaginal dryness																															
bleeding																															