

Diary of pollen count symptoms for: _____ date of birth: _____

Please make generally notes of symptoms regarding the pains, the taken medicines and pollen count.

MONTH:														YEAR:				Please note all medicine taken (name, dosing)	pollen count and intensity (source of information?)	other trigger like sports, infection, stress...
day	Indicate in this column the complaints with 1 to 3 crosses:													mark with a cross						
	eyes			nose			cough			asthma			skin			indoors	outside			
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long-term medication and dosing: 1. _____
 2. _____
 3. _____

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 Dr. med. Ulrike Schürmann
 Fachärztinnen für Kinder- und Jugendmedizin

Inquiry of pollen count:
www.wetteronline.de, www.wetter.com, www.hexal.allergie.hexal.de, www.pollenstiftung.de