

THYROID HEALTH TRACKER

Month/Year: _____

Patient Name: _____

Medication/Brand: _____

Daily Medication & Symptom Log

DATE	TIME TAKEN	DOSE (MCG)	FAST (Y/N)	SYMPTOMS / ENERGY LEVEL (1-10)
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Lab Results History

DATE	TSH (MIU/L)	FREE T4 (NG/DL)	FREE T3 (PG/ML)	TPO ANTIBODIES	OTHER
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Physician Notes & Adjustments

This template is for personal tracking only. Always consult with a healthcare professional regarding dosage adjustments.

Print Chart