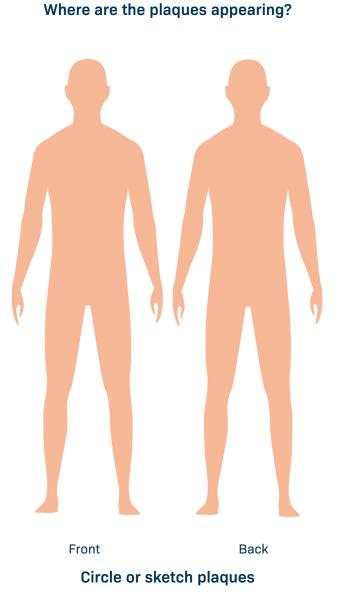
## Fill out this form every time you experience flares or other psoriasis discomfort. Keep a record and look for patterns.

Week:



	Mily Modes	op cis.	tech;	Any change	cisso Pains
Head					
Neck					
Back					
Shoulders					
Arms					
Hands					
Legs					
Feet					

Did my psoriasis affect me much this week?	Treatments I'm interested in:
Understanding potential triggers (Weather, Smoke Exposure, Alcohol, Processed Food, Gluten, Dairy, Nightshades (Peppers, Eggplants, Tomatoes):	Additional questions/concerns:

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