My Symptom Map

A few helpful details. Your story, in your words.

Name (optional): _____ Updated: _____

Diagnosed FND symptoms

Which functional symptoms were diagnosed?
What would help a clinician understand?

Other health conditions

List separate diagnosed conditions.
Only include details useful for care.

Questions still open

What is new or still being assessed?
What needs a conversation or review?

What helps and what I can do

Include useful aids, activities and supports.
What works on an easier day?

Safety and follow-up

Add agreed safety steps and contacts.
Include how you prefer to communicate.

For my next appointment

Which one question matters most?
A few words are enough.

Use this page for conversations and planning. It is not a diagnostic or emergency plan.
Choose what to share. Keep it short, and update it whenever it helps.

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Other health conditions

Questions still open

What helps and what I can do

Safety and follow-up

For my next appointment

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