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# Medication Journal

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Un Diario Guiado de 30 Días



Rastreador

Creado con LoomJournals

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# Cómo Usar Este Diario

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¡Bienvenido a tu diario! Aquí tienes algunos consejos para aprovecharlo al máximo:

- 1 Dedicar unos minutos cada día a escribir
- 2 Sé honesto y escribe libremente, sin juzgarte
- 3 Intenta escribir a la misma hora cada día para crear un hábito
- 4 Revisa tus entradas semanalmente para notar patrones

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- Check off each medication dose as you take it
  - Mark if you experienced notable symptoms that day
  - Review weekly for any missed doses



Escanea para una guía detallada sobre cómo usar este diario

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Fecha: \_\_\_\_\_

|                        | Lun                      | Mar                      | Mié                      | Jue                      | Vie                      | Sáb                      | Dom                      |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Nombre del medicamento | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    |
| Dosis                  | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    | _____                    |
| Medicación matutina    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicación vespertina  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicación nocturna    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Efectos secundarios    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Síntomas               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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