

Pediatric Rheumatology Clinic

Name:
Address:
City:
Postal code:

Fever diary

Use this chart to keep track of your child's temperature and symptoms. Please bring this with you to your clinic visits.

Fever episode dates	Fever pattern	Highest temperature and method	Illness/Symptoms
Example: Nov 21-25	Examples: Constant fever >3 fevers/day 1-2 fevers/day	Example: 38.7 by mouth	Examples: Skin rash, joint pain or swelling, abdominal pain, chest pain

Please circle the fever episode dates on this calendar:



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