



# Syncope Tracking Form

Fainting Episodes				
Date of Episode	Length of Episode	Warning Signs?	How did I feel after the episode?	What did witnesses observe about me (if anyone was in the room)?

List of my Medications (vitamins and herbal supplements included)			
Name of Medication	Dose and Frequency	Date Started	Ordering Doctor

Procedures & Testing I Have Had Done			
Name of Test	Date Performed	Results	Ordering Doctor