

My Daily Planner

Large Print Planner for Seniors

Date: _____



Today's Schedule

8 AM	_____
9 AM	_____
10 AM	_____
11 AM	_____
12 PM	_____
1 PM	_____
2 PM	_____
3 PM	_____
4 PM	_____
5 PM	_____
6 PM	_____
7 PM	_____
8 PM	_____

To Do

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

Water

			
			

Notes

Weekly Medicine Tracker

Large Print Planner for Seniors

Write each medicine and the time to take it, then check the box each day.

MEDICINE	TIME	MON	TUE	WED	THU	FRI	SAT	SUN
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

Important Phone Numbers

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Keep this page by the phone or on the fridge.

Emergency Contact

Name: _____

Phone: _____

Doctor

Name: _____

Phone: _____

Pharmacy

Name: _____

Phone: _____

Family

Name: _____

Phone: _____

Family

Name: _____

Phone: _____

Neighbor

Name: _____

Phone: _____

Dentist

Name: _____

Phone: _____

Insurance

Name: _____

Phone: _____

Ride / Taxi

Name: _____

Phone: _____

Other

Name: _____

Phone: _____

Appointment Log

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Write down each appointment so you never miss one.

DATE	TIME	WITH / WHERE	NOTES