

DATE:

NAME:

# MEDS LOG



#	medication / supplement	dose	directions	notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				





# SELF-CARE TRACKER

Date:



METRICS

MEDS

Activity	s	m	t	w	t	f	s
HR							
BP							
Weight							
Blood sugar							
Oxygen Saturation							
HbA1C							
Aspirin							
Tylenol							
Antibiotics							





# SELF-CARE TRACKER



Date:

THERAPIES

## INTEGRATIVE

s m t w t f s

Acupuncture

Massage/Lomi

Herbs/Lā'au

Ho'oponopono

Mea 'Āi Pono

Meditation

Hula

Swim

Yoga

Weights

Walking/Running



ACTIVITIES

