

DAILY CARE TRACKER

Patient Name: _____ Week Of: _____

Medication Schedule

Medication / Dosage	Time	M	T	W	T	F	S	S
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Example: Lisinopril 10mg 8:00 AM

Daily Activities & Chores

Task	Target	M	T	W	T	F	S	S
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Hydration (8oz Glass) 6x Day

Light Walk / Exercise 15 Min

Vitals Check (BP/Temp) Morning

Health Notes & Observations

Template for personal use only. Consult a physician for medical advice.