

#### LIVE MINIMAL PLANNERS







My name is Cassandra Laura. I was diagnosed with Hashimoto's disease, dysautonomia, and undifferentiated connective tissue disease in early 2016. Since then, I have decided to take a hands-on approach to organising everything.

Implementing organisational procedures into different aspects of my life has reduced my stress levels, made symptom management easier, and helped me gain control over my future. I hope that this resource helps you minimise any unnecessary stress you may be experiencing.

I would love to hear any feedback you may have on this resource. If you need any support or have any questions, please do not hesitate to contact me by clicking the email icon.

If you're interested in learning more about my chronic illness journey or reading more finance, health, and minimalist lifestyle tips, click the first icon to visit my blog - www.liveminimal.com.

Don't forget to follow my store for updates on sales and new products!

Thank you again!















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# THANK YOU for your purchase!

Thank you for purchasing the 2024 Live Minimal Planners chronic illness planner!

This planner is great for managing medical/chronic health symptoms, maintaining medical appointments and specialist details, and organising relevant health notes/expenses. Manage your weekly tasks, meetings, dietary notes, and monthly medication, symptoms, fatigue, and pain levels.

This planner should be printed double-sided and bound to reduce paper and printing expenses. Alternatively, print, hole punch, and place in a ring folder. This will ensure that all your information remains in one place and can easily be carried to appointments.

#### **INSTRUCTION GUIDE INDEX**

Navigate the instruction guide by selecting any of the headings below.



Planner resources

Template instructions

Find planner tips throughout this instruction guide. Look out for the boxes with the information icon.

# PLANNER

RESOURCES

#### **MEDICAL TEMPLATES**

- · Personal details
- Appointment reminders
- Medication list
- Vitamin list
- Supplement list
- · Specialist details
- Symptom notes
- Medical tests
- Medical expenses
- Annual appointments
- Lab tracker
- Flare tracker

#### **MONTHLY PLANNER (JAN-DEC)**

- Monthly priority list
- Monthly overview
- Monthly goal planner
- Monthly medication tracker
- Monthly symptom tracker
- Monthly severity trackers
- Appointment notes
- Week on a two-page overview
- Monthly notes (lined)





# **TEMPLATE**

INSTRUCTIONS

88						
FULL NAME				D.O.B		
CONTACT NUMBER				BLOOD T	YPE	
ADDRESS						
DIAG	SNOSES			ALLERG	IES	
INCIDAN	CE DETAILS			MEDICAL E	VENTS	
PROVIDER TYPE	CE DEIAILS			VENT	VENIS	YEAR
PROVIDER TYPE PROVIDER			E	YENI		TEAK
POLICY NO.						
WEBSITE						
PROVIDER TYPE						
PROVIDER TIPE PROVIDER						
POLICY NO.						
WEBSITE						
PROVIDER TYPE						
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POLICY NO.						
POLICY NO. WEBSITE		MAIN	ONTACTS			
			CT DETAILS		POSI	TION
		CONTA				
WEBSITE		CONTA				
WEBSITE		CONTA				

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

#### **PERSONAL DETAILS**

List your personal details, allergies, diagnoses, health insurance, medical event overview, emergency contacts, and doctor details.

3		
JANUARY	FEBRUARY	MARCH
APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER
2011	700001	JEI TEMBER
OCTOBER	NOVEMBER	DECEMBER
OTES		•

#### **APPOINTMENT OVERVIEW**

Make a note of any appointments and list them under the relevant month.

#### ANNUAL FLARE TRACKER

Track flares by colouring in the entire box or using a symbol to indicate when the flare occurs. Data on the tracker allows for a quick, one-page overview of annual flare occurrences.

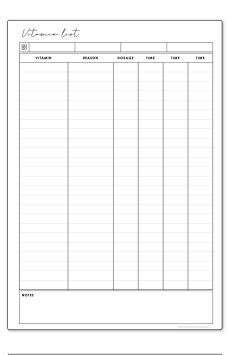


#### **MEDICATION LIST**

List your medications and reasons (e.g., beta-blockers to reduce rapid heart rate).

Note your dosage and relevant intake times (e.g., 8 am, 12 pm, 2 pm).

Flore tracker



#### **VITAMIN LIST**

List your vitamins and reasons (e.g., Vitamin D to fix deficiency).

Note your dosage and relevant intake times (e.g., 8 am, 8 pm).

3					
SUPPLEMENT	REASON	DOSAGE	TIME	TIME	TIME
		1			
		_			
		_			
OTES					

#### **SUPPLEMENT LIST**

List your supplements and reasons (e.g., protein powder to increase protein levels).

Note your dosage and relevant intake times (e.g., 1 sachet at 9 am).

#### 

CONTACT NO.

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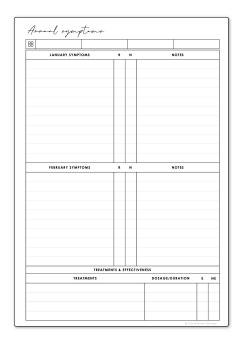
ADDRESS

ADDRESS

ADDRESS

ADDRESS

Manage all of your specialists and their specific details by listing their information. Use the notes section to chart any additional information, e.g., renewal dates for referrals.



#### **SYMPTOM NOTES**

List symptoms. Place a tick or cross under the relevant column to indicate recurring (R) and new (N) symptoms.

\* Symptom notes are separated into months.

Chart any treatments and their effectiveness - effective (E) or not effective (NE), in the box at the bottom.

NAME

NAME

NAME

NAME

NAME

NAME

REASON

REASON

REASON

88				
		TE	ST DETAILS	
DATE	TIME	TYPE	PRACTITIONER	REASON
RESULTS				
DATE	TIME	TYPE	PRACTITIONER	REASON
RESULTS				
DATE	TIME	TYPE	PRACTITIONER	REASON
RESULTS				
DATE	TIME	TYPE	PRACTITIONER	REASON
RESULTS				
DATE	TIME	TYPE	PRACTITIONER	REASON
	- I			neneen.
RESULTS				

#### **MEDICAL TESTS**

Keep track of your medical tests, dates, and results. This information will make it easier to see when to schedule follow-up tests such as blood work or further scans.

8				
DATE	EXPENSE DETAILS	COST	PAID	OWING
		1		
	TOTAL			
OTES				
				© Live Minimal Plan

#### **MEDICAL EXPENSES**

Manage all of your medical expenses, before and after insurance.

		CONSULTATION	DETAILS	
DATE	TIME	PRACTITIONER	REASON	NEXT APP.
ONSULTA	TION OVERVIE	w		
DATE	TIME	PRACTITIONER	REASON	NEXT APP.
ONSULTA	TION OVERVIE	w		

# Annal monttations PRACTITIONER REASON PRACTITIONER REASON

#### **ANNUAL CONSULTATIONS**

Chart yearly consultations in

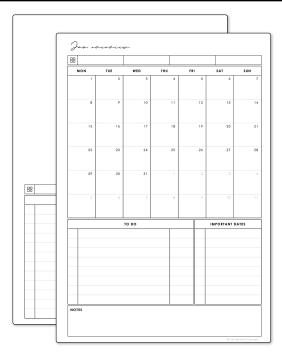
ation, note follow up with or specialist.

ction to chart any additional information, e.g., preparation instructions, before the next appointment.

		TEST SCHEDULI		
		IEST SCHEDULI	•	
LAB TEST	REF. RANGE			
TES				

#### LAB TRACKER

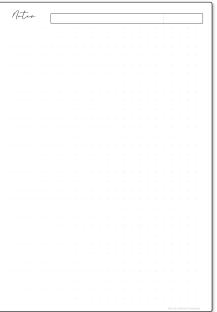
Colour in the key at the top. List the lab tests in the first column. Write the reference ranges in the second column. After receiving the results, note the date of the test in the box with the dotted lines. Chart the results in the boxes. Each time your result is above/below the range, colour in the box according to your key. Note any concerning results that need monitoring.



### MONTHLY PRIORITY LIST & DATED MONTHLY OVERVIEW

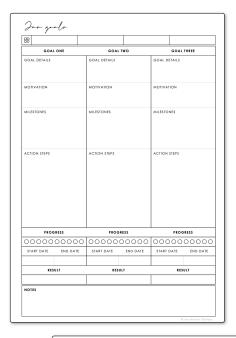
Chart priorities for the month on the priority list. Each day of the month is dated on the monthly overview. Add any important reminders, tasks, and appointments into the relevant boxes.

Make notes in the box below.



#### **MONTHLY NOTES**

An extra page to write down any monthly notes or ideas.

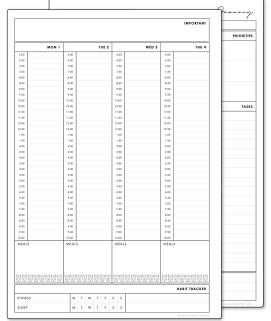


#### **MONTHLY GOAL PLANNER**

Break monthly goals down into manageable action steps.

Manage goals related to medical rehabilitation, work, college, and personal commitments. Colour in the circles to indicate the progress starting from 10% to 100%.

Write a result. For example, whether the goal was reached, adjusted, or extended to the next month.



#### WEEK ON TWO PAGE WEEKLY OVERVIEW

Note down any appointments. List any scheduled meetings and notes under relevant days/times.

List any weekly tasks or priorities you would like to achieve.

Chart the amount of time spent exercising and sleeping during the week (e.g.,1 hour).

Personalise your weekly tracker (e.g., track habits) and colour your water intake (each drop represents one glass).

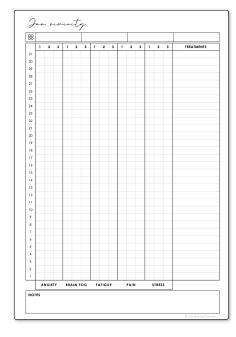
Make a note of any daily meals eaten (breakfast, lunch, and dinner) to track dietary changes, discuss allergies with the doctor, or track the causes of flares.

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#### MONTHLY MEDICATION TRACKER

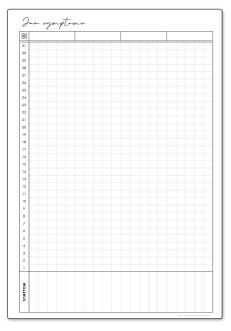
List the medications you would like to keep track of along the bottom column.

Colour the entire box, cross, tick, or draw a circle each day you take the medication. The numbers along the left bar represent dates in the month. The custom key is available to customise your medication tracking (e.g., morning, afternoon, evening).



#### MONTHLY SEVERITY TRACKER

Track monthly pain levels by colouring the entire box, ticking, or drawing a circle to indicate daily severity. The higher the number (1-3), the greater the severity experienced. Numbers along the left represent dates in the month. Note down any treatments and their effectiveness (e.g., physiotherapy).



#### MONTHLY SYMPTOM TRACKER

List the symptoms you would like to keep track of along the bottom column.

Colour the entire box, cross, tick, or draw a circle each day you experience these symptoms. The numbers along the left bar represent dates in the month. Custom key available if you would like to customise your symptom tracking (e.g., mild, moderate, severe).

38					
APPOINTM	ENT DETAILS		QU	ESTIONS	
DATE & TIME					
OCATION					
PRACTITIONER					
*KACIIIIONER					
		SYMPTOMS & DI	CUSSION NOTE	s	
		SYMPTOMS & DI	CUSSION NOTE	s	
		SYMPTOMS & DI	CUSSION NOTE	s	
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			CUSSION NOTE	5	
				\$	
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		CONSULTA	TION NOTES	\$	
		CONSULTA	TION NOTES		
8P	PULSE	CONSULTA	TION NOTES	\$ TEMP	WEIGHT
		CONSULTA  VIII  SPO2	ALS	TEMP	
	PULSE	CONSULTA  VIII  SPO2	ALS		

#### **APPOINTMENT NOTES**

List the appointment details (date, time, location, specialist). Before the appointment, review monthly notes and make a summary of symptoms and discussion points. List questions. Record notes during appointments, including vitals, prescribed medications, and follow-up appointment details.

This planner includes twelve copies (one per month). Should any more be required, please feel free to print extra and attach this to your planner before binding.