

# Daily Check- In

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Quality of Sleep	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆
Quality of Water	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆
Quality of Meals	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆
Time Being Social	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆

☆☆☆ Poor      ★★☆☆ Moderate      ★★★Great

# Weekly Check- In

Week of: \_\_\_\_\_

Rate this week: 1 2 3 4 5 6 7 8 9 10

My overall mood this week:

- Happy
- Calm
- Angry
- Sad
- Frustrated
- Sick
- Stressed

What was the <b>best</b> part of the week?	What was the <b>hardest</b> part of the week?
I am most <b>proud</b> of this week...	I would like to work to <b>improve</b> on next week...

# Bill Tracker

Bill for: _____ Account #: _____ Website or address: _____	Auto Pay: Yes or No Bill due on: _____ Bill Paid: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
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# Therapy Information

**OT: Occupational Therapy   PT: Physical Therapy   ST: Speech Therapy**

Date of service: \_\_\_\_\_

**Service: OT   PT   ST**

Therapist: \_\_\_\_\_

Location: \_\_\_\_\_

Frequency: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Date of service: \_\_\_\_\_

**Service: OT   PT   ST**

Therapist: \_\_\_\_\_

Location: \_\_\_\_\_

Frequency: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Date of service: \_\_\_\_\_

**Service: OT   PT   ST**

Therapist: \_\_\_\_\_

Location: \_\_\_\_\_

Frequency: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_