



DAY:

DATE:

TIME	<input checked="" type="checkbox"/>	TASK

<input checked="" type="checkbox"/>	PERSONAL

*Holistic Self Care Tracker*

**GOALS**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**HEALTH & FITNESS**

- 
-  DIFFUSE OILS
-  MEDITATION
-  YOGA

**NOTES**

.....

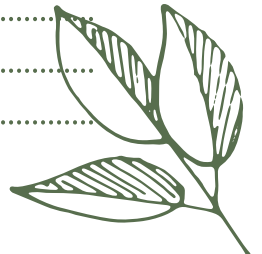
.....

.....

.....

.....

.....





# WEEKLY YOGA/ WORKOUT PLANNER

MONDAY

Blank area for Monday's schedule.

TUESDAY

Blank area for Tuesday's schedule.

WEDNESDAY

Blank area for Wednesday's schedule.

THURSDAY

Blank area for Thursday's schedule.

FRIDAY

Blank area for Friday's schedule.

SATURDAY

Blank area for Saturday's schedule.

SUNDAY

Blank area for Sunday's schedule.

NOTES

Blank area for notes.





# WEEKLY MEAL PLANNER

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

ITEMS TO BUY:





# ESSENTIAL OIL RECIPE



Recipe Name: \_\_\_\_\_

Ingredients:

Blank rectangular boxes for listing ingredients.

Uses:

Lined rectangular area for describing the uses of the recipe.

Directions:

Horizontal lines for writing the directions.



# Self Care Planner



A Planner For All of Your Self Care Needs

