

## Instructions for Making Sample Planner Pages

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

This package contains the Sample Planner Pages listed below. The first column contains the name of the page. Column 2 contains page numbers in Brain Injury Survivor's Guide that contains information about this particular page or has a sample page showing how the page should be completed.

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## Planner Index

**Brain Injury Survivor's Guide**

<http://www.braininjuryguide.org>

(list pages in the order you will have them in your planner)

Page 1

Monthly Planning Calendar

Pages

Daily Planning Pages

Page

Page

Page

Page

Page

Page

Page

Page

Page

Page

Page

Page

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Page

Page

Page

Page

Page

Page

**Notes:**

Monthly Planning Calendar		<a href="http://www.braininjuryguide.org">http://www.braininjuryguide.org</a>
	Month:	Year:
Date	Notes	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Daily Planning Calendar		<a href="http://www.braininjuryguide.org">http://www.braininjuryguide.org</a>
	Day:	Date:
Hour	Notes	
6:00		
6:30		
7:00		
7:30		
8:00		
8:30		
9:00		
9:30		
10:00		
10:30		
11:00		
11:30		
12:00		
12:30		
1:00		
1:30		
2:00		
2:30		
3:00		
3:30		
4:00		
4:30		
5:00		
5:30		
6:00		
6:30		
7:00		
7:30		
8:00		
8:30		
9:00		







## Doctor's Office Information

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

**Doctor's Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Phone Number:** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Building Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Driving Directions to Office:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

### Notes:

**Parking Lot is located** \_\_\_\_\_.

**Take my planner and Reasons for Visit List.**

## Reason for Doctor Appointment

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

Doctor's Name	Appt. Date	Appt. Time	Phone	Have Referral?
Symptom 1				
Symptom 2				
Symptom 3				
Symptom 4				
Symptom 5				

**Notes:**

**Things to Take With Me:**

- Health Insurance Information
- Money/Credit Card
- Medical Information Sheet
- Medical History Sheet
- Family Medical History Sheet
- Medications I'm Taking

## Medical Index

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

This is the index for Medical Information Pages that follow.

List	Notes
Medications	
Health Insurance	
My Medical History	Surgeries & Diseases
Family History	Diseases
Doctors Index	List of all doctors in my planner
Doctors Offices	Office information and driving directions

Notes:

## Health Insurance Information

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

**Health Insurance Company:**

**Policy Number:**

**Group Number:**

**Member Name:**

**Customer Service Phone:**

**Primary Care Physician:**

**PCP Address:**

**PCP Phone:**

**Supplemental Health Insurance Company:**

**Policy Number:**

**Group Number:**

**Member Name:**

**Customer Service Phone:**

**Primary Care Physician:**

**PCP Address:**

**PCP Phone:**

**Dental Insurance Company:**

**Policy Number:**

**Group Number:**

**Member Name:**

**Customer Service Phone:**

**Primary Care Dentist:**

**PCP Address:**

**PCP Phone:**

**Notes:**





# Family Medical History

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

Family Member	Medical Condition
<b>Father:</b>	
<b>Mother:</b>	
<b>Brothers/Sisters:</b>	

**Notes:**

## What Do I Take When I Leave the House?

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

Before leaving your house, take one last look in the mirror. Have you dressed for the weather outside?  
Combed your hair? Brushed your teeth? Put on makeup or shave?

### Items I Need

√

#### **For Work:**

Money and Driver's License

My Planner

Employee Badge?

Laptop Computer?

Glasses

Sunglasses

Cell phone

Keys to Car and House

Lunch?

#### **For Shopping Trip:**

Money and Driver's License

My Planner

Grocery List, Gift List or Personal List

Pen

Glasses

Sunglasses

Cell phone

Keys to Car and House

#### **Notes:**

## What Do I Take When I Leave the House?

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

Before leaving your house, take one last look in the mirror. Have you dressed for the weather outside?  
Combed your hair? Brushed your teeth? Put on makeup or shave?

### Items I Need

√

#### **For Trip to the Pharmacy:**

Money and Driver's License

My Planner

Prescriptions or List of Prescriptions to pick up

Insurance Information (see Planner) and Insurance Card

Glasses

Sunglasses

Cell phone

Keys to Car and House

#### **For Trip to the Doctor:**

Money and Driver's License

My Planner

Medical Information in Planner complete?

Reason for Doctor Visit List (see Planner)

Prescription List (see Planner)

Insurance Information (see Planner)

Glasses

Sunglasses

Cell phone

Keys to Car and House

**Notes:**



## Workplace Strategies

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

Arrive early and take a few minutes to plan the day!

Check voice mail

Check email

Plan the day's activities (include breaks and lunch)

Number the activities and organize them by importance.

Consider the time required for each activity and distinguish between "urgent" and "important".

Set a start and end time for each activity.

Split large projects into smaller pieces to keep from getting overwhelmed.

When trying to concentrate on a project, don't be afraid to say "no" to more incoming work. You can say, "Can I get back to you later on that?" Another thing you can do is let your phone ring so the caller can either leave you a message or send an email that you can address later when you have more time to concentrate.

Either end your day early enough to clear your desk and organize for the next day, or leave a few minutes late to do so. It will make a big difference the next day. Also, if in the middle of something complex and you are still fresh, it is better to stay late and finish it if that is possible. On the other hand, if things are not going well, leave on time and take a fresh look the next day.

**Notes:**

## Workload Planning

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

Task	Who Needs It	Time Began	Time Allotted	Time Finished

**Notes:**

## Putting On My Makeup

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

List the steps you take and products used.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Before I Leave:

Am I wearing both earrings?

Is my hair combed?

Have I brushed my teeth?

Notes:

## Meal Planning

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

When planning your meal, list all the ingredients you will need as well as utensils and necessary pots, pans and/or bowls. It's a good idea to get them out in advance. Do you need microwave safe containers?

Food Item	Ingredients Needed	Utensils Needed	Pots, Pans, Bowls

**Items Needed from Grocery Store:**

**Recipes to Use:**

# Meal Preparation

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

Food Item	Where to Cook	Time to Cook	Time Began	Check When Completed

Notes:









## Travel Packing Instructions

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

**\*\* Put a **photocopy** of passport in each piece of luggage \*\***

1. Make a Travel Packing List for each piece of luggage.
2. Put these instructions and all your travel packing lists in your planner.
3. Put your planner in your carryon luggage.
4. Place a name tag on each piece of luggage.
5. Somewhere on the name tag, write down the luggage number that matches your packing list.

Luggage to Take	Tagged?	Packed Yet?
		Carryon 1
		Carryon 2
		Luggage 1
		Luggage 2
		Luggage 3
		Luggage 4
		Luggage 5
		Luggage 6

**Notes:**

# Travel Packing List for Carryon Number \_\_\_\_\_

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

**\*\* Put a **photocopy** of passport in luggage \*\***

Things to Take	Packed Yet?
	Yes -- No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
<b>Notes:</b>	

# Travel Packing List for Luggage Number \_\_\_\_\_

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

**\*\* Put a photocopy of passport in luggage \*\***

Things to Take	Packed Yet?
	Yes -- No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
	Yes - No
<b>Notes:</b>	

## Airline Travel Planner

Brain Injury Survivor's Guide

<http://www.braininjuryguide.org>

Item	Done?
Reservations Made	Yes - No
Special Needs Arranged	Yes - No
Current Passport	Yes - No
Cash and Credit Cards	Yes - No
Bags Packed	Yes - No
Bag Identifications Attached	Yes - No
Know Check-in Requirements	Yes - No
Know Security Requirements	Yes - No
Have Gate-finding Maps and Directions	Yes - No
Cell phone	Yes - No
Airline Phone Number (see notes below)	Yes - No
Travel Agent Phone Number (see notes below)	Yes - No
<p>Notes:</p> <p>Airline I'm flying: _____</p> <p>Airline Phone Number: ( ___ ___ ) _____ - _____</p> <p>Travel Agent Phone Number: ( ___ ___ ) _____ - _____</p> <p><b>IMPORTANT: If I have a problem - go to any Airline counter and ask for help.</b></p>	