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Daily Routine

Complete this worksheet so that anyone who fills in for you as a care partner will know how to care for the person with Parkinson's.

NAME: _____ YEAR DIAGNOSED: _____

Usually arises at:	
Usually goes to bed at:	
It is very important that Parkinson's medications are given on time every time according to schedule. Go over the Medications Worksheet with the care provider.	
Are there allergies to any foods or substances?	
Are there dietary restrictions or food/beverage consistencies needed? Favorite foods/dislikes?	
Are any special adaptations used for eating, dressing, or personal cares?	
Hobbies and interests:	
What is the typical daily routine? Include mealtime, activities, rest periods, exercise, personal cares and other activities.	
Additional information:	