

MY FAVOURITE THINGS

Movies: _____

Books: _____

Songs: _____

Food: _____

Drinks: _____

Restaurants: _____

Television shows: _____

Things to wear: _____

Colours: _____

Record albums: _____

WINTER RESULTS	SPRING RESULTS
SUMMER RESULTS	AUTUMN RESULTS

Name: _____
 Doctor's Name: _____

HEALTH RECORDS

YEAR	AGE	HEIGHT	WEIGHT	BLOOD PRESSURE	GLUCOSE LEVELS	GOOD CHOLESTEROL	BAD CHOLESTEROL

IMPORTANT DATES

My anniversary: _____

My significant other's birthday: _____

My children's birthdays: _____

My parents' birthdays: _____

Other family birthdays: _____

My friends' birthdays: _____

Career milestones: _____

ODDS AND ENDS

Add extra notes, photos, ticket stubs and more!

YEAR: _____



My age is: _____

My job is: _____

My dream job is: _____

My best friend is: _____

My true love is: _____

I live in: _____

I live with: _____

One word that describes me is: _____

My favourite hobby is: _____

One thing I'd like to change is: _____

My personal goal is: _____

My career goal is: _____

One person I admire is: _____

My one wish is: _____

My favourite memory is: _____

YEAR: _____



My age is: _____

My job is: _____

My dream job is: _____

My best friend is: _____

My true love is: _____

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