Warfarin calendar 2026

January to December - prescribed dose, INR and daily Taken box

This is a record, not a dosing calculator. Only enter doses given by your treating clinician or anticoagulation service.

How to use the calendar

- Write your name on each monthly page. Ask your clinician to complete your target INR range. Keep this with your anticoagulant alert card and bring it to appointments.
- In each date box, write that day's prescribed total warfarin dose in mg, not just the number of tablets. Check the tablet strength. Doses may differ by day.
- Write an INR result only on the date it was tested; leave other INR boxes blank. Record your next test date in the reminder space. Testing follows your clinician's schedule, not a daily calendar requirement.
- Tick "Taken" only after swallowing the dose. If a dose is missed, write M and do not tick. If your clinician tells you to withhold it, write H and do not tick. Record the explanation in notes.
- Copy a changed dose only after clear clinical instructions, and correct future entries. Never adjust the dose yourself to chase an INR result. If instructions are unclear, contact your treatment team.

Missed doses and medicine safety

- Never double a dose. If you are unsure whether you took it, missed a dose or took too much, contact your anticoagulation service, clinician or pharmacist for advice; an extra dose needs urgent advice.
- Check before starting or stopping any medicine, painkiller, supplement or herbal product. Keep diet reasonably consistent and discuss major changes. Carry your anticoagulant alert card.

Bleeding or a head injury

Seek urgent medical assessment for a head injury, blood in urine or stools, black stools or significant bleeding. Call 112 for uncontrolled heavy bleeding, collapse, severe headache with new weakness or speech problems. Do not wait for an INR test.

Sources and further reading

NHS: warfarin
https://www.nhs.uk/medicines/warfarin/

NHS SPS: missed or delayed doses
https://sps.nhs.uk/articles/advising-on-missed-or-delayed-doses-of-medicines/

WARFARIN DAILY RECORD

HEALTHWAY

MEDICAL CENTRE | MALTA

January 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
			1 Dose _____ mg INR _____ ☐ Taken	**2** Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken
5 Dose _____ mg INR _____ ☐ Taken	**6** Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken	**9** Dose _____ mg INR _____ ☐ Taken	**10** Dose _____ mg INR _____ ☐ Taken	**11** Dose _____ mg INR _____ ☐ Taken
12 Dose _____ mg INR _____ ☐ Taken	**13** Dose _____ mg INR _____ ☐ Taken	**14** Dose _____ mg INR _____ ☐ Taken	**15** Dose _____ mg INR _____ ☐ Taken	**16** Dose _____ mg INR _____ ☐ Taken	**17** Dose _____ mg INR _____ ☐ Taken	**18** Dose _____ mg INR _____ ☐ Taken
19 Dose _____ mg INR _____ ☐ Taken	**20** Dose _____ mg INR _____ ☐ Taken	**21** Dose _____ mg INR _____ ☐ Taken	**22** Dose _____ mg INR _____ ☐ Taken	**23** Dose _____ mg INR _____ ☐ Taken	**24** Dose _____ mg INR _____ ☐ Taken	**25** Dose _____ mg INR _____ ☐ Taken
26 Dose _____ mg INR _____ ☐ Taken	**27** Dose _____ mg INR _____ ☐ Taken	**28** Dose _____ mg INR _____ ☐ Taken	**29** Dose _____ mg INR _____ ☐ Taken	**30** Dose _____ mg INR _____ ☐ Taken	**31** Dose _____ mg INR _____ ☐ Taken	

M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

WARFARIN DAILY RECORD

HEALTHWAY

MEDICAL CENTRE | MALTA

February 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
						1 Dose _____ mg INR _____ ☐ Taken
2 Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken	**5** Dose _____ mg INR _____ ☐ Taken	**6** Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken
9 Dose _____ mg INR _____ ☐ Taken	**10** Dose _____ mg INR _____ ☐ Taken	**11** Dose _____ mg INR _____ ☐ Taken	**12** Dose _____ mg INR _____ ☐ Taken	**13** Dose _____ mg INR _____ ☐ Taken	**14** Dose _____ mg INR _____ ☐ Taken	**15** Dose _____ mg INR _____ ☐ Taken
16 Dose _____ mg INR _____ ☐ Taken	**17** Dose _____ mg INR _____ ☐ Taken	**18** Dose _____ mg INR _____ ☐ Taken	**19** Dose _____ mg INR _____ ☐ Taken	**20** Dose _____ mg INR _____ ☐ Taken	**21** Dose _____ mg INR _____ ☐ Taken	**22** Dose _____ mg INR _____ ☐ Taken
23 Dose _____ mg INR _____ ☐ Taken	**24** Dose _____ mg INR _____ ☐ Taken	**25** Dose _____ mg INR _____ ☐ Taken	**26** Dose _____ mg INR _____ ☐ Taken	**27** Dose _____ mg INR _____ ☐ Taken	**28** Dose _____ mg INR _____ ☐ Taken	

M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

WARFARIN DAILY RECORD

HEALTHWAY

MEDICAL CENTRE | MALTA

March 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
						1 Dose _____ mg INR _____ ☐ Taken
2 Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken	**5** Dose _____ mg INR _____ ☐ Taken	**6** Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken
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30 Dose _____ mg INR _____ ☐ Taken	**31** Dose _____ mg INR _____ ☐ Taken					

M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

WARFARIN DAILY RECORD

HEALTHWAY

MEDICAL CENTRE | MALTA

April 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
		1 Dose _____ mg INR _____ ☐ Taken	**2** Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken	**5** Dose _____ mg INR _____ ☐ Taken
6 Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken	**9** Dose _____ mg INR _____ ☐ Taken	**10** Dose _____ mg INR _____ ☐ Taken	**11** Dose _____ mg INR _____ ☐ Taken	**12** Dose _____ mg INR _____ ☐ Taken
13 Dose _____ mg INR _____ ☐ Taken	**14** Dose _____ mg INR _____ ☐ Taken	**15** Dose _____ mg INR _____ ☐ Taken	**16** Dose _____ mg INR _____ ☐ Taken	**17** Dose _____ mg INR _____ ☐ Taken	**18** Dose _____ mg INR _____ ☐ Taken	**19** Dose _____ mg INR _____ ☐ Taken
20 Dose _____ mg INR _____ ☐ Taken	**21** Dose _____ mg INR _____ ☐ Taken	**22** Dose _____ mg INR _____ ☐ Taken	**23** Dose _____ mg INR _____ ☐ Taken	**24** Dose _____ mg INR _____ ☐ Taken	**25** Dose _____ mg INR _____ ☐ Taken	**26** Dose _____ mg INR _____ ☐ Taken
27 Dose _____ mg INR _____ ☐ Taken	**28** Dose _____ mg INR _____ ☐ Taken	**29** Dose _____ mg INR _____ ☐ Taken	**30** Dose _____ mg INR _____ ☐ Taken			

M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

May 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
				1 Dose _____ mg INR _____ ☐ Taken	**2** Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken
4 Dose _____ mg INR _____ ☐ Taken	**5** Dose _____ mg INR _____ ☐ Taken	**6** Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken	**9** Dose _____ mg INR _____ ☐ Taken	**10** Dose _____ mg INR _____ ☐ Taken
11 Dose _____ mg INR _____ ☐ Taken	**12** Dose _____ mg INR _____ ☐ Taken	**13** Dose _____ mg INR _____ ☐ Taken	**14** Dose _____ mg INR _____ ☐ Taken	**15** Dose _____ mg INR _____ ☐ Taken	**16** Dose _____ mg INR _____ ☐ Taken	**17** Dose _____ mg INR _____ ☐ Taken
18 Dose _____ mg INR _____ ☐ Taken	**19** Dose _____ mg INR _____ ☐ Taken	**20** Dose _____ mg INR _____ ☐ Taken	**21** Dose _____ mg INR _____ ☐ Taken	**22** Dose _____ mg INR _____ ☐ Taken	**23** Dose _____ mg INR _____ ☐ Taken	**24** Dose _____ mg INR _____ ☐ Taken
25 Dose _____ mg INR _____ ☐ Taken	**26** Dose _____ mg INR _____ ☐ Taken	**27** Dose _____ mg INR _____ ☐ Taken	**28** Dose _____ mg INR _____ ☐ Taken	**29** Dose _____ mg INR _____ ☐ Taken	**30** Dose _____ mg INR _____ ☐ Taken	**31** Dose _____ mg INR _____ ☐ Taken

M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

June 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
1 Dose ____ mg INR ____ ☐ Taken	**2** Dose ____ mg INR ____ ☐ Taken	**3** Dose ____ mg INR ____ ☐ Taken	**4** Dose ____ mg INR ____ ☐ Taken	**5** Dose ____ mg INR ____ ☐ Taken	**6** Dose ____ mg INR ____ ☐ Taken	**7** Dose ____ mg INR ____ ☐ Taken
8 Dose ____ mg INR ____ ☐ Taken	**9** Dose ____ mg INR ____ ☐ Taken	**10** Dose ____ mg INR ____ ☐ Taken	**11** Dose ____ mg INR ____ ☐ Taken	**12** Dose ____ mg INR ____ ☐ Taken	**13** Dose ____ mg INR ____ ☐ Taken	**14** Dose ____ mg INR ____ ☐ Taken
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29 Dose ____ mg INR ____ ☐ Taken	**30** Dose ____ mg INR ____ ☐ Taken					

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Next INR test date / time:

Dose change / missed dose / other notes:

July 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
		1 Dose _____ mg INR _____ ☐ Taken	**2** Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken	**5** Dose _____ mg INR _____ ☐ Taken
6 Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken	**9** Dose _____ mg INR _____ ☐ Taken	**10** Dose _____ mg INR _____ ☐ Taken	**11** Dose _____ mg INR _____ ☐ Taken	**12** Dose _____ mg INR _____ ☐ Taken
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M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

August 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1 Dose _____ mg INR _____ ☐ Taken	**2** Dose _____ mg INR _____ ☐ Taken
3 Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken	**5** Dose _____ mg INR _____ ☐ Taken	**6** Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken	**9** Dose _____ mg INR _____ ☐ Taken
10 Dose _____ mg INR _____ ☐ Taken	**11** Dose _____ mg INR _____ ☐ Taken	**12** Dose _____ mg INR _____ ☐ Taken	**13** Dose _____ mg INR _____ ☐ Taken	**14** Dose _____ mg INR _____ ☐ Taken	**15** Dose _____ mg INR _____ ☐ Taken	**16** Dose _____ mg INR _____ ☐ Taken
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24 Dose _____ mg INR _____ ☐ Taken	**25** Dose _____ mg INR _____ ☐ Taken	**26** Dose _____ mg INR _____ ☐ Taken	**27** Dose _____ mg INR _____ ☐ Taken	**28** Dose _____ mg INR _____ ☐ Taken	**29** Dose _____ mg INR _____ ☐ Taken	**30** Dose _____ mg INR _____ ☐ Taken
31 Dose _____ mg INR _____ ☐ Taken						

M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

WARFARIN DAILY RECORD

HEALTHWAY

MEDICAL CENTRE | MALTA

September 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1 Dose ____ mg INR ____ ☐ Taken	**2** Dose ____ mg INR ____ ☐ Taken	**3** Dose ____ mg INR ____ ☐ Taken	**4** Dose ____ mg INR ____ ☐ Taken	**5** Dose ____ mg INR ____ ☐ Taken	**6** Dose ____ mg INR ____ ☐ Taken
7 Dose ____ mg INR ____ ☐ Taken	**8** Dose ____ mg INR ____ ☐ Taken	**9** Dose ____ mg INR ____ ☐ Taken	**10** Dose ____ mg INR ____ ☐ Taken	**11** Dose ____ mg INR ____ ☐ Taken	**12** Dose ____ mg INR ____ ☐ Taken	**13** Dose ____ mg INR ____ ☐ Taken
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M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

WARFARIN DAILY RECORD

HEALTHWAY

MEDICAL CENTRE | MALTA

October 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
			1 Dose _____ mg INR _____ ☐ Taken	**2** Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken
5 Dose _____ mg INR _____ ☐ Taken	**6** Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken	**9** Dose _____ mg INR _____ ☐ Taken	**10** Dose _____ mg INR _____ ☐ Taken	**11** Dose _____ mg INR _____ ☐ Taken
12 Dose _____ mg INR _____ ☐ Taken	**13** Dose _____ mg INR _____ ☐ Taken	**14** Dose _____ mg INR _____ ☐ Taken	**15** Dose _____ mg INR _____ ☐ Taken	**16** Dose _____ mg INR _____ ☐ Taken	**17** Dose _____ mg INR _____ ☐ Taken	**18** Dose _____ mg INR _____ ☐ Taken
19 Dose _____ mg INR _____ ☐ Taken	**20** Dose _____ mg INR _____ ☐ Taken	**21** Dose _____ mg INR _____ ☐ Taken	**22** Dose _____ mg INR _____ ☐ Taken	**23** Dose _____ mg INR _____ ☐ Taken	**24** Dose _____ mg INR _____ ☐ Taken	**25** Dose _____ mg INR _____ ☐ Taken
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Next INR test date / time:

Dose change / missed dose / other notes:

WARFARIN DAILY RECORD

HEALTHWAY

MEDICAL CENTRE | MALTA

November 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
						1 Dose _____ mg INR _____ ☐ Taken
2 Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken	**5** Dose _____ mg INR _____ ☐ Taken	**6** Dose _____ mg INR _____ ☐ Taken	**7** Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken
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16 Dose _____ mg INR _____ ☐ Taken	**17** Dose _____ mg INR _____ ☐ Taken	**18** Dose _____ mg INR _____ ☐ Taken	**19** Dose _____ mg INR _____ ☐ Taken	**20** Dose _____ mg INR _____ ☐ Taken	**21** Dose _____ mg INR _____ ☐ Taken	**22** Dose _____ mg INR _____ ☐ Taken
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30 Dose _____ mg INR _____ ☐ Taken						

M = missed. H = held on clinician advice. Do not tick either. Never take a double dose.

Next INR test date / time:

Dose change / missed dose / other notes:

WARFARIN DAILY RECORD

HEALTHWAY

MEDICAL CENTRE | MALTA

December 2026

Write the prescribed dose. Tick only after taking it. INR on test days only.

Name: **Target INR range (clinician):**

Anticoagulation / clinic contact: **Usual dose time:**

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1 Dose _____ mg INR _____ ☐ Taken	**2** Dose _____ mg INR _____ ☐ Taken	**3** Dose _____ mg INR _____ ☐ Taken	**4** Dose _____ mg INR _____ ☐ Taken	**5** Dose _____ mg INR _____ ☐ Taken	**6** Dose _____ mg INR _____ ☐ Taken
7 Dose _____ mg INR _____ ☐ Taken	**8** Dose _____ mg INR _____ ☐ Taken	**9** Dose _____ mg INR _____ ☐ Taken	**10** Dose _____ mg INR _____ ☐ Taken	**11** Dose _____ mg INR _____ ☐ Taken	**12** Dose _____ mg INR _____ ☐ Taken	**13** Dose _____ mg INR _____ ☐ Taken
14 Dose _____ mg INR _____ ☐ Taken	**15** Dose _____ mg INR _____ ☐ Taken	**16** Dose _____ mg INR _____ ☐ Taken	**17** Dose _____ mg INR _____ ☐ Taken	**18** Dose _____ mg INR _____ ☐ Taken	**19** Dose _____ mg INR _____ ☐ Taken	**20** Dose _____ mg INR _____ ☐ Taken
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Dose change / missed dose / other notes: