

ALL ABOUT ME

Please provide us some information so we can get to know you better. The information will give us a clear picture of you to help us provide care and support.

How do you like to be addressed? _____

When and where were you born?

Are you single/married/ long standing relationships with:

Name _____

We've been together since _____

Where have you lived?

Children (names and where are they living now)

Are your children involved in your life now? If so how? _____

Do you have any pets? If so what are their names? _____

In The Past

What kind of jobs did you have? _____

If you were asked about the major milestones in your life, what would you likely talk about?
(eg. favorite places visited, life events) _____

Likes and Dislikes

What makes you happy? _____

What comforts you when you are upset? _____

What frightens you? _____

Life Story – Please describe any other details of your life that would help create a full picture of you as a “whole person” What would you want others to know about you?

A Typical Day

Routine is important for all of us but can be especially helpful for a person with dementia. Writing down your daily routine will help others who might be providing care. Try to look at your care through the eyes of someone who has never met you before. Include anything that provides pleasure, comfort or something you don't particularly like.

Morning (usual wake up time) _____

Afternoon _____

Evening _____

Night (usual bedtime) _____

Enjoying Each Day

Activities can bring you pleasure and will help you continue to live a full life while adding enjoyment.

Do you like music yes no

If yes what type of music (eg. classical, jazz, folk, blues, all kinds) _____

Do you play an instrument? _____

Do you enjoy singing? _____

Do you like to read yes no

If yes what type of books do you read (eg. mystery, romance, biography) _____

Do you like to watch television yes no

If yes what are your favorite shows? _____

Do you like to play games?

Yes no

What do you like to play? (eg. cards, crosswords, bingo, dominoes) _____

Are you interested in sports? If so what sports do you follow? _____

Do you have any hobbies that you enjoy?

Yes no

What type of hobbies? _____

What other activities do you like? _____

Meal Time

Do you have any food allergies? _____

What are your likes and dislikes? _____

Do you require assistance at meal time? (eg. cutting meat, jam on toast) _____

Do you use cutlery? _____

Have you been using any assistive devices? _____
