



Life Story of _____

Each of us has a unique story to tell. This Life Story will highlight the facts and insights to help us understand what is most important for the care partners to know. This story should be told by the resident first, with resident representative and associates adding to the story as needed.

Preferred Name/Nickname _____

Date of birth _____ Place of birth _____

Parents names _____ Are parents still living? Yes _____ No _____

Primary language _____ Other languages used _____

Ancestry _____

Places lived _____

Religious or spiritual background/beliefs _____

If currently a member of a church/synagogue, mosque, or other, name and address

Who should be contacted for religious or spiritual support, if any?

Family

Marital status: Married _____ Divorced _____ Single _____ Widowed _____ Partner _____

Spouse/Partner's name _____

Anniversary Date _____ If deceased, when? _____

Please share the names children, grandchildren, siblings or friends that are important in your life.

Name _____ Age _____

Relationship _____ Alive _____ Deceased _____

Name _____ Age _____

Relationship _____ Alive _____ Deceased _____

Name _____ Age _____

Relationship _____ Alive _____ Deceased _____

Name _____ Age _____

Relationship _____ Alive _____ Deceased _____

Name _____ Age _____

Relationship _____ Alive _____ Deceased _____

Name _____ Age _____

Relationship _____ Alive _____ Deceased _____

Name _____ Age _____

Relationship _____ Alive _____ Deceased _____

Of all of these family and friends, who visits most often? How often?

EDUCATION and WORK HISTORY

Name of schools attended _____

Favorite subject? _____

School mascot _____ Highest grade completed _____

Degree? Yes _____ No _____ If yes, what kind? _____

Right handed or left handed? Right _____ Left _____

Able to read newsprint/large print books? Yes _____ No _____ Unable to read _____

Military Service? Yes _____ No _____

If yes, what branch _____ and dates _____

War veteran? If yes, please share details you are comfortable with:

Occupation? _____

Favorite job? _____

Volunteer service? Where? Why?

Personal History

Describe childhood - favorite memories, favorite pets, best friends, activities etc.:

Describe adolescence – first job, hobbies, first car, first date, favorite classes, etc.:

Describe adult life – any clubs or community involvement, hobbies, travel, life achievements, favorite memories:

Describe a 'bucket list' dream that either has or has not been met:

What is one thing you wish you could do again?

What holidays and traditions are important? Describe what makes them special:

Is there a time of year that is hard, or that brings a loss to mind? Describe:

A Day in the Life...

What time do you want to wake up? _____

Describe your preferred morning routine (dress first, then eat breakfast, brush teeth before or after the meal, etc.)

Do you like coffee or tea first thing in the morning? Yes _____ No _____

If yes, how do you take it (cream, sugar, how much?) _____

What would you like to do after breakfast?

What time do you eat lunch? _____

What is your ideal afternoon routine? (Go shopping, out with friends, take a nap, read a book, etc.)

What do you like to do after supper to unwind?

What time would you like to go to bed? _____ What is your bedtime routine?

Are there any things that you do, or did, every day? Daily ritual or tradition? (read the paper on the porch, coffee with neighbors, ice cream before bed, etc.?) Please include them here:

Personal Habits

Bathing

Which is preferred, a shower or a bath? Shower _____ Bath _____

How often do you prefer to bathe? _____

Are there any words that help prompt bathing? Any routines that go along with bathing?

Describe the process of bathing step by step: _____

Using the Restroom

What is the normal pattern for using the bathroom (times of day/frequency) _____

What words or physical signs are used to express that the restroom is needed? _____

Describe the process of using the bathroom, step by step _____

Are protective undergarments used? Yes _____ No _____

If yes, what kind _____

Dressing and Grooming

Describe the process of getting dressed, step by step _____

Are there items of clothing that are worn frequently - special sweater, favorite shoes, etc.

Describe the process of grooming, step by step. Make-up, glasses, dentures, shaving , hearing aids, hair style etc.

Walking

Are there any assistive devices being used? Walker, cane, crutch, etc. Yes _____ No _____

If yes, what kind _____

Eating

Are there any special dietary needs? Please describe: _____

What utensils are used for eating? Fork _____ Spoon _____ Knife _____ Hands _____

Any food allergies? Please describe: _____

Favorite food or snack: _____

Strong dislikes: _____

Difficulty chewing or swallowing specific foods? Describe: _____

Describe the steps involved with mealtime - what words are used for meals, how to cue, how they prefer plate set-up, any assistance needed, etc.

Sexuality

Current sexual practices (include if sexually active, type and frequency of sexual activity, sexual partner, assistive devices):

Personality and Temperament

Describe personality and temperament (happy, quiet, moody, anxious, outgoing, etc.)

What can cause irritation or be upsetting?

What is scary or frightening?

What helps you calm down after one of these has happened?

What is valued and appreciated? Do you like to be touched? (hug, hold hands, rub shoulders, etc.)

What brings personal comfort? (Hot chocolate, a special blanket, talking about kids, etc. – ways to redirect thoughts)

What way of communicating works best? (short, direct sentences, gestures, touch, pictures, etc)

Does the speaker need to allow extra time to respond?

Favorite things

A Few of My Favorite Things:

Color _____

Food _____

Beverage _____

Sport/Team _____

Outside Activity _____

Movie _____

Song _____

Book _____

Time of Day _____

Holiday _____

Most Treasured Possession _____

Thank you for completing this life story. The information included here will be used to create a care plan or service plan based on the routines, history and favorites that have been shared. This will enable the care partners to provide a personalized experience for you or your family in our community.