



# Life Story of \_\_\_\_\_

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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.

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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 \_\_\_\_\_

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Religious or spiritual background/beliefs \_\_\_\_\_

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

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

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## 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.:

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

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

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

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What is one thing you wish you could do again?

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

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

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## 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.)

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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?

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What time do you eat lunch? \_\_\_\_\_

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

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What do you like to do after supper to unwind?

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

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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:

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## 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personality and Temperament

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

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What can cause irritation or be upsetting?

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What is scary or frightening?

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

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

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

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

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Does the speaker need to allow extra time to respond?

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## **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.