

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 is a collaborative process involving the resident, resident representative (e.g. family members or loved ones), and associates working together to create a meaningful and comforting transition. Best practice dictates the Life Story be completed within the resident's first week upon admission.

Preferred Name/Nickname _____ Today's Date: _____

Date of birth _____ Place of birth _____

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

Primary language _____ Other languages spoken _____

Heritage (e.g. Italian, Spanish, Greek, etc.) _____

Places lived _____

Religious or spiritual background/beliefs _____

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

Family

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

Spouse/Partner's name _____

Anniversary Date _____ If deceased, when? _____

Please share the names of family members or friends that are most important to you:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Education and Work History

Name of schools attended _____

Favorite subject? _____

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

Military Service? Yes _____ No _____ If yes, what branch _____

What did you do for a living? _____

Favorite job? _____

Volunteer service? _____

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

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

Right handed or left handed? Right _____ Left _____

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

A Day in the Life...

What time do you want to wake up? _____ Describe the order of your 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, coffee ____ Yes, tea ____ No ____
If yes, how do you take it (cream, sugar, how much?) _____

What would you like to do after breakfast? _____

What do you like to do after lunch? _____

What do you like to do after dinner to unwind? _____

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

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: _____

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.

Baseline Knowledge Upon Move In

Intended for family members/loved ones to answer with additional information provided by associates

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 something upsetting or frightening 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:

Birthday celebration/tradition _____

Color(s) _____

Food _____

Beverage _____

Sport/Team _____

Outside Activity _____

Movie _____

Song _____

Book _____

Time of Day _____

Temperature _____

Season (Spring, Summer, Fall, Winter) _____

Holiday _____

Most Prized Possession _____

Other _____

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.