

Resident Life Story & Preferences

Paper version (versus digital entry at www.lifestoryconnection.com)

HIPAA Compliance (*Health Insurance Portability and Accountability Act*): Please use discretion entering resident information and ensure all entries do not include any health-related information.

COMMUNITY / FACILITY INFORMATION

Community Name, Address: _____
_____ Phone: _____

FAMILY INFORMATION

Family Member First Name: _____ Last Name: _____
Email: _____ Phone: _____

RESIDENT - GENERAL INFORMATION

First Name: _____ Last Name: _____
Preferred Name (Ex: Bob versus Robert): _____

FAMILY INFORMATION

Marital Status (Circle): *Single Married Domestic Partnership Divorced Widowed Separated*

Spouse Name: _____

People Important to Me: _____

Birthday (MM/DD): ____ / ____ Place of birth: _____

Mother: _____ Father: _____

Brother(s): _____

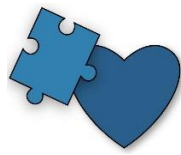
Sister(s): _____

Children: _____

Grandchildren: _____

Moved Here From (Circle): *Assisted Living Home/Alone Home w/Family Group Home Memory Care
Skilled Nursing Rehab OTHER: _____*

FAMILY NOTES (*Any other relevant family information. Ex: who lives close by, who visits frequently, etc.*):



Resident Life Story & Preferences

Paper version (versus digital entry at www.lifestoryconnection.com)

ME (Education / Religion / Veteran Status)

Occupation (Circle All That Apply):

Arts	Attorney	Accounting	Administrative	Architect	Agriculture
Civil Service	Church/Clergy	Automobile	Aviation	Beautician	Carpenter
Engineer	Entrepreneur	Communications	Culinary	Education	Electrician
Financial	Firefighter	Factory	Farmer	Farming	Fashion
Law Enforcement	Librarian	Healthcare	Homemaker	Hospitality	Insurance
Nurse	Physician	Legal Profession	Manufacturing	Mechanic	Military
Sales	Secretary	Pilot	Police	Post Office	Retail
Volunteer	Warehouse	Science	Teacher	Technology/IT	Telecommunications
Other: _____					

Faith/Beliefs

Religion (Circle All That Apply):

Agnostic	Apostolic	Atheist	Baptist	Buddhist	Catholic
Christian	Episcopal	Hindu	Jewish	Lutheran	Methodist
Orthodox	Pentecostal	Presbyterian	Protestant	Unaffiliated	Non-Practicing
Mormon					
Muslim					
Other: _____					

Describe your Faith, Spiritual Beliefs, and/or any Religious Practices: _____

How important is Spirituality in your life? 1 2 3 4 5

1 = Not at all Important, 2 = Slightly Important, 3 = Important, 4 = Fairly Important, 5 = Very Important

Describe your involvement in Religious or Spiritual Communities: _____

Describe any Spiritual Routines: _____

Education: _____

Veteran (Circle Y/N): YES NO

Air Force	Army	Coast Guard	Marines
Navy	National Guard	Reserves	Space Force

If Yes, Branch Served (Circle):

Are you the spouse/significant other of a Veteran (Circle Y/N): YES NO

If Yes, Veteran First Name: _____ Last Name: _____

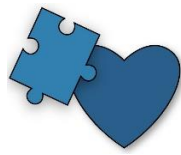
Relationship To Resident: _____

Spouse/Significant Other Branch Served (Circle):

Air Force	Army	Coast Guard	Marines
Navy	National Guard	Reserves	Space Force

OTHER "ME" NOTES (*Any other relevant information related to their occupation, education, religion, veteran status, that could be helpful for staff to know*):

HIPAA Compliance Reminder: Please use discretion entering resident information and ensure all entries do not include any health-related information.



Resident Life Story & Preferences

Paper version (versus digital entry at www.lifestoryconnection.com)

IMPORTANT: Verify resident food allergies, if any, BEFORE entering any food or snacks in these fields to ensure they are compatible.

DINING

Breakfast - Preferences: _____

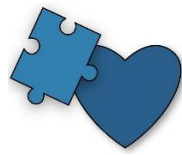
Lunch - Preferences: _____

Dinner - Preferences: _____

Snacks - Preferences: _____

Seating Preference: _____

DINING NOTES (*Any other information related to dining that could be helpful for staff to know*):



Resident Life Story & Preferences

Paper version (versus digital entry at www.lifestoryconnection.com)

FAVORITES / MEMORIES

Favorite Activities (Circle All That Apply):

<i>Ballet</i>	<i>Bingo</i>	<i>Bird Watching</i>	<i>Bowling</i>	<i>Artwork Appreciation</i>	<i>Arts & Crafts</i>	<i>Balance</i>
<i>Collages</i>	<i>Concerts</i>	<i>Cooking / Baking</i>	<i>Cornhole</i>	<i>Broadway Shows</i>	<i>Cards/Card Games</i>	<i>Coins</i>
<i>Drawing</i>	<i>Drumming</i>	<i>Education/Classes</i>	<i>Exercise</i>	<i>Crossword Puzzles</i>	<i>Dancing</i>	<i>Drama</i>
<i>Game Shows</i>	<i>Gardening</i>	<i>History Discussions</i>	<i>Horseshoes</i>	<i>Fashion</i>	<i>Fishing</i>	<i>Game</i>
<i>Languages</i>	<i>Laughter</i>	<i>Lectures/Speakers</i>	<i>Movies</i>	<i>Hunting</i>	<i>Hymns/Religious</i>	<i>Knitting</i>
<i>News/Newspaper</i>	<i>Outdoors</i>	<i>Outings</i>	<i>Painting</i>	<i>Museums</i>	<i>Musical Instruments</i>	<i>Music</i>
<i>Reading/Stories</i>	<i>Relaxation/Meditation</i>	<i>Religion</i>	<i>Talent Shows</i>	<i>Photo Albums</i>	<i>Poetry</i>	<i>Puzzles</i>
<i>Stretching</i>	<i>TV Watching</i>	<i>Tai Chi</i>		<i>Reminiscing</i>	<i>Singing</i>	<i>Stamps</i>
<i>Walking</i>	<i>Yoga</i>	<i>Other:</i> _____		<i>Technology/Tablets/PC's</i>	<i>Trivia</i>	<i>Volunteering</i>

Favorite Music (Circle All That Apply):

<i>All Music</i>	<i>30's</i>	<i>40's</i>	<i>50's</i>	<i>60's</i>	<i>70's</i>	<i>80's</i>
<i>Big Band</i>	<i>Blues</i>	<i>Bluegrass</i>	<i>Broadway</i>	<i>Classical</i>	<i>Classic R&B</i>	<i>Country</i>
<i>Gospel</i>	<i>Jazz</i>	<i>Light Rock</i>	<i>Musicals</i>	<i>Old Country</i>	<i>Opera</i>	<i>Easy Listening</i>
<i>Religious</i>	<i>Rock & Roll</i>	<i>Swing</i>	<i>No Music Interest</i>	<i>Other:</i> _____		<i>Pop Music</i>

Favorite Pets/Animals (Circle All That Apply):

<i>Birds</i>	<i>Cats</i>	<i>Chickens</i>	<i>Dogs</i>	<i>Ducks</i>	<i>Fish</i>
<i>Guinea Pigs</i>	<i>Hamsters</i>	<i>Horses</i>	<i>Lizards</i>	<i>Mice</i>	<i>Rabbits</i>
					<i>Rats</i>
					<i>Reptiles</i>
<i>Not A Fan Of Pets</i>	<i>Other:</i> _____				<i>Snakes</i>

Favorite Sporting Events (Circle All That Apply):

<i>All Sports</i>	<i>Auto Racing</i>	<i>Baseball</i>	<i>Basketball</i>	<i>Bowling</i>
<i>Boxing</i>	<i>Football</i>	<i>Golf</i>	<i>Hockey</i>	<i>Horse Racing</i>
				<i>Horse Shows</i>
				<i>Motorcycle Racing</i>
<i>Tennis</i>	<i>Volleyball</i>	<i>No Interest in Sports</i>	<i>Other:</i> _____	<i>Olympics</i>
				<i>Soccer</i>
				<i>Swimming</i>

Favorite Hobbies: _____

Favorite Sports Teams: _____

Significant Relationships: _____

Significant Places: _____

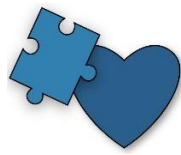
Significant Life Events: _____

Childhood Memories: _____

Work Life Memories: _____

OTHER NOTES (*Other favorites that are meaningful to them and could be helpful for staff to know*):

HIPAA Compliance Reminder: Please use discretion entering resident information and ensure all entries do not include any health-related information.



Resident Life Story & Preferences

Paper version (versus digital entry at www.lifestoryconnection.com)

IMPORTANT TO ME

Important To Me Now: _____

Things That I Like: _____

Things That I Don't Like: _____

Helps Me Feel Better: _____

Things That Upset Me: _____

Important Routines: _____

IMPORTANT TO ME NOTES (Other important people, place, things that could be helpful for staff to know):

MY PREF (Preferences Related To Personal Care From Their Life Story)

Wake Up Time Preference Was Typically (Circle One): 5am - 6am 6am – 7am
7am – 8am 8am – 9am Other: _____

Wake Up Strategies That Complimented Their Life Story Included: _____

Bedtime Preference Was Typically (Circle One): 7pm – 8pm 8pm – 9pm 9pm – 10pm
Other: _____

Bathing Time Preference Was Typically (Circle One): Morning Afternoon Evening

Bathing Strategies That Complimented Their Life Story Included: _____

Clothing Preference Was: _____

MY PREF NOTES (Personal Care Strategies That Complimented Their Life Story) *Describe any successful strategies that can offer guidance to staff who will be assisting with personal care:*

Care Staff Will Refer To The Care Plan

Thank you for helping connect your loved one's life story with their care partners.

HIPAA Compliance Reminder: Please use discretion entering resident information and ensure all entries do not include any health-related information.