

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): _____

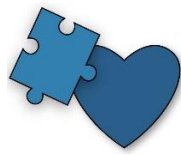
Sister(s): _____

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.*):



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ME (Education / Religion / Veteran Status)

Occupation (Circle All That Apply):

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

Religion (Circle All That Apply):

<i>Agnostic</i>	<i>Apostolic</i>	<i>Atheist</i>	<i>Baptist</i>	<i>Buddhist</i>	<i>Catholic</i>
<i>Christian</i>	<i>Episcopal</i>	<i>Hindu</i>	<i>Jewish</i>	<i>Lutheran</i>	<i>Methodist</i>
<i>Orthodox</i>	<i>Presbyterian</i>	<i>Protestant</i>	<i>Unaffiliated</i>	<i>Non-Practicing</i>	<i>Other: _____</i>

Education: _____

Veteran (Circle Y/N): YES NO

If Yes, Branch Served (Circle):

<i>Air Force</i>	<i>Army</i>	<i>Coast Guard</i>	<i>Marines</i>
<i>Navy</i>	<i>National Guard</i>	<i>Reserves</i>	<i>Space Force</i>

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

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

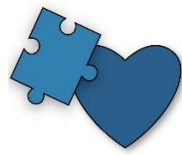
Relationship To Resident: _____

Spouse/Significant Other Branch Served (Circle):

<i>Air Force</i>	<i>Army</i>	<i>Coast Guard</i>	<i>Marines</i>
<i>Navy</i>	<i>National Guard</i>	<i>Reserves</i>	

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

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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: _____

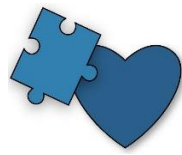
Dinner - Preferences: _____

Snacks - Preferences: _____

Seating Preference: _____

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

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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>Snakes</i>
<i>Not A Fan Of Pets</i>	<i>Other:</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>Olympics</i>
				<i>Soccer</i>
				<i>Swimming</i>
<i>Tennis</i>	<i>Volleyball</i>	<i>No Interest in Sports</i>	<i>Other:</i> _____	

Favorite Hobbies: _____

Favorite Sports Teams: _____

Significant Relationships: _____

Significant Places: _____

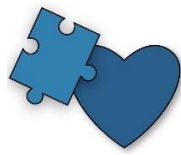
Significant Life Events: _____

Childhood Memories: _____

Work Life Memories: _____

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

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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.

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