

The Life Story of



SAUNDERS
MEDICAL & CENTER
Long Term Care

By completing this Life Story, you are providing us with information to better care for you/your loved one.

Please understand that this will be shared with those who provide care to you/your loved one in our facility, but it is treated as private.

Privacy is important to us, and we will do all we can to respect your willingness to share this information.

Please return this form to the Social Services Office within three days of admission. Thank-you!

Your Name: _____

Preferred nickname(s): _____

Date of Birth: _____ Place of Birth: _____

Ethnic Background: _____ Languages spoken and understood: _____

Education & Employment

Highest level of education completed: _____ If you attended college, where? _____

Field of Study: _____ Degree obtained: _____

How important was work to you? _____

Please tell us about work places and positions that are memorable or significant to you.

_____ Did you retire? Y or N / If so, what year? _____

Are you a veteran? Y or N If so, which branch? _____

Former Residences

I grew up in; _____

As an adult I lived in: _____

Significant Experiences or Achievements _____

Family & Friends

Marital Status (circle one): Single Divorced Married Widowed; Date; _____

Name of spouse/partner: _____ Date of Marriage: _____

Names of siblings (Please indicate L-Living and D-Deceased);

Names of children (Please indicate l-living and d-deceased); _____

Number of Grandchildren; _____ Number of Great-Grandchildren _____

Significant Friendships: _____

Do you currently have a pet? Yes / No Name: _____

Have you had memorable pet/pets? _____

Have you experienced the loss of a close friend or family member recently? _____

What causes you stress? _____

How do you calm down when you are upset? _____

What makes you happy? _____

Personal Interests

Things I enjoy doing, hobbies, interests; _____

Favorite Foods: _____

What kinds of shows or movies do you watch? _____

What kinds of books or stories do you most enjoy? _____

Do you prefer to be inside or outdoors: _____

Do you have a 'Bucket List' (Things you always wanted to do but didn't have time)?

1. _____ 2. _____ 3. _____

Would you like to set up an e-mail or Skype account with friends and family? _____

If you would like to set up e-mail or Skype, please provide those addresses below.

Name

E-Mail

Computer use on a daily basis? _____ Yes _____ No

Religion

Religious affiliation? _____ Are you a member of a church? _____

How often do you attend? _____ How often would you like to attend? _____

Daily Routines

I like to go to bed at _____ and wake up at _____

Do you like to take naps daily? Y or N If so how long? _____

I prefer: Shower / bath I prefer this in the Morning / Evening

What is your bedtime routine, & how can we provide you with the comfort you need to sleep well? _____

Reason for Admission: _____

Where were you living before you came here? _____

Did you live alone? Y / N

Family Dynamics

Responsible Party: _____

First family/friend contact: _____

Additional Notes About Me

Please email a Family/Friend the monthly Activity Calendar to (Name & Email Address)

Thank you for taking the time to fill out this form—we look forward to getting to know you better!