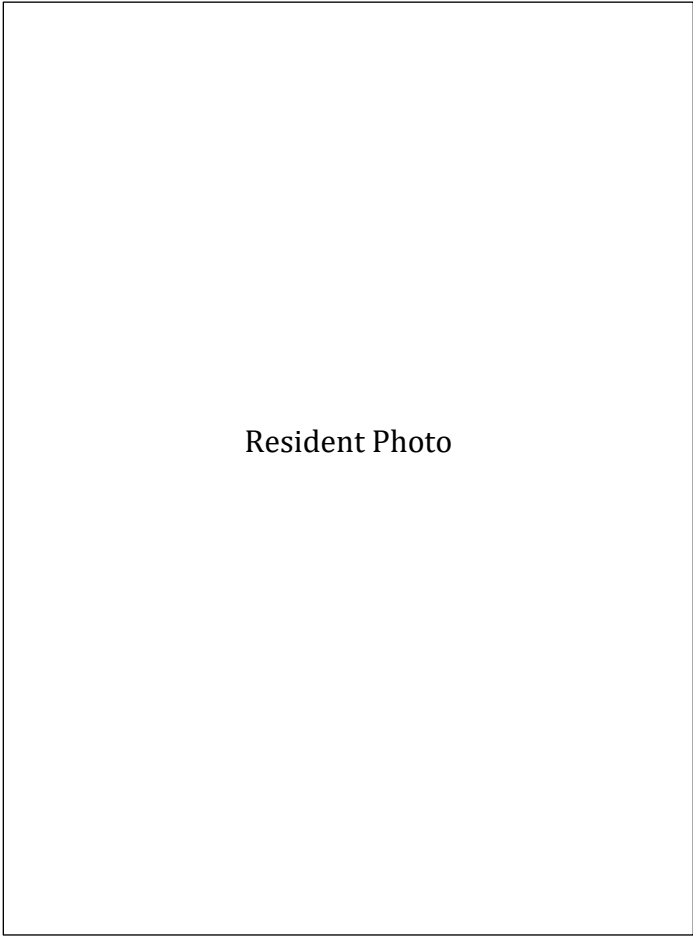


# Resident Profile



Move in Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Apartment # \_\_\_\_\_

## PERSONAL BACKGROUND

1. Name: \_\_\_\_\_ Age: \_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Prefers to be addressed as: \_\_\_\_\_
2. Residence (location and briefly describe setting, such as rural/suburban/ city, number of years, etc.) \_\_\_\_\_
  - Born and raised: \_\_\_\_\_
  - Other residences throughout lifetime that may be of importance: \_\_\_\_\_

## FAMIY BACKGROUND

### 1. Spouse:

- Please list marriage(s)/ significant others:

**Name:** \_\_\_\_\_

**Status:**  Divorced  Widowed  Other \_\_\_\_\_

- Most recent spouse's name: \_\_\_\_\_ Age: \_\_\_\_\_
- Most recent spouse's occupation: \_\_\_\_\_

### 2. Children:

- Yes  No
- List names and ages of children, if any

**Name:**

**Age:**

_____	_____
_____	_____
_____	_____
_____	_____

### 3. Grandchildren/ Great Grandchildren

- Yes  No
- List names and ages of grandchildren/ great grandchildren, if any

**Name:**

**Age:**

_____	_____
_____	_____
_____	_____
_____	_____

### 4. Siblings:

- Yes  No
- List names and ages of siblings, if any

**Name:**

**Age:**

_____	_____
_____	_____
_____	_____
_____	_____

## EDUCATIONAL/OCCUPATIONAL BACKGROUND

### 1. Education:

- Grade school    High school    College    Graduate school    Technical
- List name and location of each school attended and degrees received, if applicable

**Name of School:**

**Location:**

**Degree:**

Name of School:	Location:	Degree:
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 2. Occupation(s);

- Please list former various occupations:

\_\_\_\_\_

\_\_\_\_\_

- Briefly describe the occupation most enjoyed (duties, responsibilities, any special memories, awards, recognitions, memberships in any professional organizations, etc.): \_\_\_\_\_

\_\_\_\_\_

- Least enjoyed occupation: \_\_\_\_\_

### 3. Military Service:

- Yes    No

- If yes, which branch? \_\_\_\_\_

- Rank, any special honors or medals, etc.: \_\_\_\_\_

\_\_\_\_\_

## SOCIAL/ACTIVITIES BACKGROUND

### 1. Religion/Denomination:

- What religion is he/she? \_\_\_\_\_
- Briefly describe the importance of religion and participation in related activities (i.e. "goes to church daily", "attends services only on holidays", "doesn't actively participate", etc.):

Past: \_\_\_\_\_

\_\_\_\_\_

Present: \_\_\_\_\_

\_\_\_\_\_

- Please list any other ways to nurture their spirituality (through reading, music, rosary, nature, etc.): \_\_\_\_\_  
\_\_\_\_\_

2. Social Groups/Organizations:

- Please list any memberships or participation in social organizations (women’s clubs, community, volunteer, Rotary, etc.): \_\_\_\_\_  
\_\_\_\_\_

3. Leisure Time:

- What activities/hobbies bring the most pleasure and/or relaxation  
Past: \_\_\_\_\_  
\_\_\_\_\_  
Present: \_\_\_\_\_  
\_\_\_\_\_

4. Interests: Please circle “C” for a “Current” interest or “P” for a “Past” interest

- | <b>Life Skills</b>                              | <b>Group Interaction</b>                       | <b>Physical</b>                               |
|---|--|---|
| <input type="checkbox"/> Sewing/Folding C / P   | <input type="checkbox"/> Music/Singing C / P   | <input type="checkbox"/> Group exercise C / P |
| <input type="checkbox"/> Cooking/Baking C / P   | <input type="checkbox"/> Trivia C / P          | <input type="checkbox"/> Dancing C / P        |
| <input type="checkbox"/> Gardening C / P        | <input type="checkbox"/> Reminiscing C / P     | <input type="checkbox"/> Walking C / P        |
| <input type="checkbox"/> Floral Arranging C / P | <input type="checkbox"/> Puzzles C / P         | <input type="checkbox"/> Swimming C / P       |
| <input type="checkbox"/> Painting/Art C / P     | <input type="checkbox"/> Pets C / P            | <input type="checkbox"/> Golf C / P           |
| <input type="checkbox"/> Plumbing C / P         | <input type="checkbox"/> Visiting Others C / P | <input type="checkbox"/> Tennis C / P         |
| <input type="checkbox"/> Office C / P           | <input type="checkbox"/> Children C / P        | <input type="checkbox"/> Basketball C / P     |
| <input type="checkbox"/> Cleaning C / P         | <input type="checkbox"/> Instruments C / P     | <input type="checkbox"/> Bowling C / P        |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other                |

- | <b>Community Work</b>                      | <b>Outings</b>                               | <b>Entertainment/Games</b>                   |
|--|--|--|
| <input type="checkbox"/> Hospital C / P    | <input type="checkbox"/> Shopping C / P      | <input type="checkbox"/> Movie/Slides C / P  |
| <input type="checkbox"/> Library C / P     | <input type="checkbox"/> Movies C / P        | <input type="checkbox"/> TV C / P            |
| <input type="checkbox"/> Fundraisers C / P | <input type="checkbox"/> Plays/Theater C / P | <input type="checkbox"/> Cards C / P         |
| <input type="checkbox"/> Church C / P      | <input type="checkbox"/> Restaurants C / P   | <input type="checkbox"/> Bingo C / P         |
| <input type="checkbox"/> Youth C / P       | <input type="checkbox"/> Scenic Rides C / P  | <input type="checkbox"/> Presentations C / P |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Other               | <input type="checkbox"/> Other               |

5. Please include which activity brings the most enjoyment, list of suggested reading materials, movies, and any activity that would *not* be enjoyable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DAILY ROUTINE**

1. Sleeping Routine:

- Please give preferred morning “wake-up” time: \_\_\_\_\_
- List any napping preferences (time and location – such as in bed, a chair, in front of the tv, etc.): \_\_\_\_\_
- Please give preferred “bedtime”: \_\_\_\_\_
- Please list any sleeping comforts (night light, 2 pillows, favorite blanket, pajamas):

\_\_\_\_\_  
\_\_\_\_\_

2. Bathing Routine:

- Please give bathing preferences (i.e. shower, bath, sponge, soaps, etc.): \_\_\_\_\_
- Preferred time (morning, before breakfast, evening, before bed, etc.): \_\_\_\_\_
- Bathing Frequency (daily, every other day, weekly, specific days): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR TRIGGERS**

1. Positive Cues and Patterns:

- Please share any cuing phrases or behavior patterns that bring out positive responses: \_\_\_\_\_
- Please share any cuing phrases or behavior patterns that bring out negative responses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 24-Hour Calendar

In order to better understand the daily routines that are familiar and comfortable for your loved one, this accounting of a typical day will help us to learn this important information. With the details you provide, we can achieve our goal of creating pleasant days for each resident.

Knowing the familiar and comfortable routines of your loved one will help our caregivers meet his/her needs. The more we know prior to moving in, the easier the adjustment should be. Thank you for your assistance.

### **MORNING – 6:00 A.M. to 12:00 P.M.**

- Please describe a typical morning's routine and activities. Include information such as waking, bathing, dressing times. Breakfast times and favorite foods, general mood, periods of anxiety or restlessness, naps, snacks, etc.

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### **AFTERNOON – 12:00 P.M. to 6:00 P.M.**

- Please describe a typical afternoon's routine and activities. Include information such as meal times, naps, preferred snacks, favorite foods for lunch and dinner, general mood, periods of anxiety or restlessness, regular activities, etc.

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### **EVENING – 6:00 P.M. to 12:00 A.M.**

- Please describe a typical evening's routine and activities. Include favorite snacks, bathing, time they get undressed for the evening, time to go to bed, general mood, periods of anxiety or restlessness, regular activities and routines, etc.

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**NIGHT - 12:00 A.M. to 6:00 A.M.**

- Please describe a typical night's routine. Include any sleep disturbances and possible reasons for the disturbances. Please be time specific if possible.

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**ADDITIONAL COMMENTS:**