

## RESIDENT PERSONAL PROFILE – Getting to know the person

Relocation to a new environment can be a stressful experience. To assist in the transition process and to help our staff get to know your loved one, we ask that, to the extent that you are comfortable, you answer the following questions with as much detail as possible, knowing that all information will be treated confidentially. This will help us in recognizing the unique personal characteristics and history of your family member and assist us in providing the best care possible. Please use the back of the page or attach extra pages as necessary. *Note:* All questions are about the resident even though it may be a family member who completes the form.

Could you please complete and return this form as soon as possible after admission to:

**Resident's Name:** \_\_\_\_\_

**Resident's Nickname or Preferred Name:** \_\_\_\_\_

**Veteran:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of Person(s) Completing Form** \_\_\_\_\_

**Relationship to Resident** \_\_\_\_\_

**Date** \_\_\_\_\_

### Family History

1. Tell us about your family member's early years and growing up (where was s/he born, raised etc? Education/certificates/courses? What were his/her parent's names, occupations?)

---

---

---

---

---

---

---

---

---

---

---

---

2. **Marital History** (If married tell us spouse's name; if widowed date of spouse's death; about married life for e.g. date/place of wedding? Is this relationship close, supportive or less so/conflictual?))

---

---

---

---

---

---

3. **Children** – (If there are children/grandchildren – What are their names? Where do they live? Work? Are these relationships close, supportive or less so/conflictual?)

---

---

---

---

---

---

4. **Life Work** – Share with us about your loved one's life work, skills, occupation or wartime experiences? Is military service something they like to talk about? Do you have any pictures or memorabilia that you would like to share with us?

---

---

---

---

---

---

5. **Personality** – Describe your loved one's dominant personality qualities. What words describe them best? How were they when *well*? (for e.g. easy going, family focused, humorous etc) *Upset*? (for e.g. quick to anger, grow quiet etc.) *Emotionally*?. If their personality has changed over time/since their illness discuss these changes as well. Here is a list of potential describing words (Private,Gentle,Open,Gruff,Patient,Hot-tempered,Nervous,Calm,Aggressive,Proud,Humble,Passive)

---

---

---

---

---

---

Please put an X on the line closer to which personality traits describe the person best

Sensitive/Nervous \_\_\_\_\_ Secure/Confident

Outgoing/Energetic \_\_\_\_\_ Shy/ Withdrawn

Inventive/Curious \_\_\_\_\_ Cautious/Conservative

Friendly/Compassionate \_\_\_\_\_ Competitive/Outspoken

Efficient/Organized \_\_\_\_\_ Easy-going/Carefree

6. How have they coped with stressful situations in their life? What were their coping strategies? (both positive and negative)

---

---

---

---

---

---

---

---

---

---

7. Identify significant events that stand out in your family members' life?

---

---

---

---

---

---

---

---

---

---

8. What are some past accomplishments, talents or life events that will evoke a positive emotional response in your loved one?

---

---

---

---

---

---

---

---

---

---

9. Are there past events such as losses, traumas or transitions that may create negative emotions? What might trigger these unpleasant experiences/memories?

---

---

---

---

---

---

---

---

---

---

10. Are there any fears or worries that would be important for us to know (for eg. dogs, fire, water, crowds etc?)

---

---

---

---

11. Is there any past history of mental illness (for e.g. Depression) or alcohol/drug abuse? If so, was it treated? Was it successful?

---

---

---

---

12. Are there **cultural or ethnic** traditions, holidays or preferences that are important that we should be aware of? If so, please describe. (Does your family member speak another language?)

---

---

---

---

---

---

13. How has **spirituality/religion** played a role in your loved ones life? (What gives them a sense of purpose, meaning or their source of energy? What do they value?)

---

---

---

---

---

A. Please indicate Religion/Spiritual preference:

---

B. Please indicate the Parish attended:

---

C. Would your loved one wish to have Spiritual Visitation while in Shoreham?

Yes \_\_\_\_\_

No \_\_\_\_\_

D. Permission to notify Parish/Clergy of loved one being at Shoreham-

Yes \_\_\_\_\_

No \_\_\_\_\_

14. How important is privacy to your loved one?

---

---

---

---

---

15. Tell us what brings your family member pleasure or gives them comfort/joy/inspiration? (i.e people, specific items)

---

---

---

---

---

---

---

---

---

---

16. Who may be a regular visitor and provide support to your loved one?

---

---

---

---

17. In what ways can we best show our respect for your family member?

---

---

---

---

---

---

---

---

**Individual Tendencies and Preferences**

Dominant hand (circle one) – Left Right

**Communication:** what approaches help when trying to communicate:

- Topics or objects that get his/her attention \_\_\_\_\_
- Use of touch \_\_\_\_\_
- Approach from the left, right,

I have difficulty starting off talking -	YES	NO	Sometimes
I have difficulty stopping talking -	YES	NO	Sometimes
It is difficult for me to reply when people talk to me –	YES	NO	Sometimes
I lose track of what I am talking about -	YES	NO	Sometimes
I can't think of the work I want -	YES	NO	Sometimes
It is difficult for me to rely when people talk to me	YES	NO	Sometimes

**Daily Routine**

A typical day in my life begins when I get up at \_\_\_\_\_

The first thing I do is

---

---

For breakfast I eat \_\_\_\_\_

I spend most of my day \_\_\_\_\_

---

I get the most enjoyment out of my day when \_\_\_\_\_

---

---

At around \_\_\_\_\_, I start to relax by

---

My normal night time routine includes \_\_\_\_\_

---

What helps prepare him/her for going to bed at night?

- Reading: \_\_\_\_\_
  - Sleeping with music playing: \_\_\_\_\_
  - Hot or cold drink: \_\_\_\_\_
  - Cleaning teeth and face/use of lotions: \_\_\_\_\_
- 

- Night light: \_\_\_\_\_
  - Other bedtime rituals \_\_\_\_\_
- 
- 

I usually settle into bed at \_\_\_\_\_  
and  sleep all night  toss and turn  up often (for bathroom or other reasons)

This is what I like to wear to bed (ie. pajamas, night dress, other).

---

I like my sheets (ie. tucked in, loose) \_\_\_\_\_  
and blankets \_\_\_\_\_

### **Bathing**

My normal bathing routine includes:

I like to shower; bath; sponge bath \_\_\_\_\_

How many times a week did he/she bathe

- less than once a week
- 1-2times/week
- 3-4 times/week
- more than 4 times/week

What time of day did he/she bathe? \_\_\_\_\_

Describe his/her feeling about bathing in general?

- strongly dislikes
- mildly dislikes
- neutral
- likes
- strongly likes

If person has dementia how was taking a bath initiated after illness began?

- he/she started it by himself/herself
- suggested once
- suggested it several times
- only by physically bringing her/her to the bathroom

### **Comfort**

This is what I like to do to relax :

- One on one attention
- Touching Something (i.e something soft)
- Being touched (i.e on arm, back)
- Activity (i.e walking, dancing)
- Movement (i.e. being pushed in wheelchair rocking in chair)
- Music  Quiet space/time
- Food  Visitors (ie. family member)
- Other \_\_\_\_\_

This is how I act when I'm:

Happy \_\_\_\_\_

Relaxed \_\_\_\_\_

Mildly Agitated \_\_\_\_\_

Very Upset \_\_\_\_\_

### **My Sensory Preferences**

I like to wear these types of clothes inside (ie. t-shirt, long sleeve shirt with buttons or without, sweater, shoes, slippers)

---

---

---

My favorite fabrics to wear and touch are (ie. wool, silk, cotton, polyester, rough textures, fuzzy textures). \_\_\_\_\_

---

---

I dislike these fabrics \_\_\_\_\_

I enjoy : (please circle)

Holding hands or a pat on the shoulder - Yes No

Having my hair brushed - Yes No



Having face or hand lotion put on Yes No  
Massage - Yes No

My favorite resting position is (ie. rocking in a chair, reclining in a Lazy Boy, sitting in a firm chair, lying down in bed) \_\_\_\_\_

\_\_\_\_\_

I like to be active, doing (ie. walking, dancing, rocking, being still, changing positions)

\_\_\_\_\_

\_\_\_\_\_

My favorite smells are (ie. roses, pine, sea air, foods, soap, perfumes, laundry detergent)

\_\_\_\_\_

\_\_\_\_\_

I dislike these smells \_\_\_\_\_

My favorite types of food include (i.e. sweets, salty snacks, cold or warm, for e.g. - ice cream vs oatmeal), \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I dislike these types of food (i.e. specific flavors like curry, cinnamon, fish)

\_\_\_\_\_

\_\_\_\_\_

I like these food textures (ie. crunchy, chewy, drinking through a straw, drinks without ice, milkshake thickness)

\_\_\_\_\_

\_\_\_\_\_

I like to have something in my mouth. (i.e. chewing gum, peppermints, toothpick, straw of hay, cigarette) \_\_\_\_\_

\_\_\_\_\_

I enjoy listening to (i.e. favorite types of music, nature sounds, quiet, talk radio)

\_\_\_\_\_

\_\_\_\_\_

I prefer the volume to be \_\_\_\_\_ .

What type of *environment* does he/she prefer? (Please circle or specify)

- Quiet/Noisy (ie. loud music, television always on, too much quiet)

\_\_\_\_\_

- Active/Slow paced: \_\_\_\_\_

- Warm/Cool (does person usually feel hot or cold?)

\_\_\_\_\_

**18. Hobbies/Interests** - Please complete the Leisure checklist on the following page.

Please describe below any details you want to provide on hobbies or community involvement/ interest your loved one has had throughout their life.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Has your family member owned any pets/animals? (type of pet, names).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. What are their **favorites**?

TV shows/Movies \_\_\_\_\_

Food/beverages \_\_\_\_\_

Music \_\_\_\_\_

Games \_\_\_\_\_

Sports interest \_\_\_\_\_

What are your expectations/concerns around having your family member moving in to a long-term care setting?

---

---

---

---

---

---

---

---

---

---

---

---

**Thank you for taking the time to complete this personal history it will be helpful in ensuring our staff provides the best care possible to your loved one.**