

RESIDENT PROFILE

Name: First _____ Middle _____ Last _____

Nickname _____

Birth Date _____ Place of Birth _____ Location of Residence _____

Occupation _____ Education _____ Name of College _____

Family

Current Marital Status? M W S D Married To (Name)? _____

Years of Marriage _____

If Spouse Living? Will he/she be visiting? Yes No Frequency? _____

Children? Yes No Number of Children? _____ Son(s) _____ Daughter(s)

<u>Name/Relationship</u>	<u>Location</u>	<u>Visit Frequency</u>
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Brothers/Sisters/Family Members of Resident

<u>Name</u>	<u>Relationship/Living (Yes/No)</u>	<u>Location</u>
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Other Family Information/History

Favorite Activities/Hobbies/Past times?

 Pets? Cats, Dogs, Birds, Fish Owned
 Y N Allergies to Pets? _____
 Reading _____
 TV _____
 Music _____
 Gardening _____
 Cooking _____
 Outdoor Act. _____

 Spiritual/Religion _____
 Hobbies _____
 Crafts _____
 Clubs/Organizations _____

 Travel/Favorite Destinations _____
 Cards/Games _____
 Exercise/Sports _____
(Include Spectator/favorite teams and participation)

Do they like or dislike the following?

Food? Likes Dislikes _____
Flowers? Likes Dislikes _____
Animals? Likes Dislikes _____
Being around
Large groups? Likes Dislikes _____

Likes and Dislikes

Personality

 Enjoys being with others
 Loner/Likes being by self
 Generally happy/pleasant
 Sense of Humor
 Serious
 Outgoing
 Likes to be in Charge
 Negative

Sleep Habits

 Goes to bed early
 Night owl-Stays up late
 Likes to get up early
 Likes to sleep in late in AM
 Takes naps during day
 Has difficulty sleeping at night

Daily Routines

Behavioral Symptoms in recent past? (i.e., crying, anxious, wandering, yelling, insomnia)

Interventions that have been successful to decrease behavioral episodes?

Other Comments

