

RESIDENT LIFE HISTORY & INTEREST BOOK



THE
LOUDONVILLE
ASSISTED LIVING RESIDENCE

A Neighborhood of Care

The Life of: _____

Nickname(s): _____

Resident's Birthplace: _____

Resident's Birthdate: _____

First language spoken: _____

Other language(s) spoken: _____

Resident's mother's name: _____

Resident's mother's occupation: _____

Resident's mother's birthplace: _____

Resident's father's name: _____

Resident's father's occupation: _____

Resident's father's birthplace: _____

Is either parent living? (circle) YES NO

Where did resident live during childhood? _____

Where did resident live during adulthood? _____

In the following chart, please list significant personal relationships (ex. Siblings, aunts/uncles, cousins, friends, coworkers) from both childhood and adulthood:

Name	Relationship	Living/deceased?	Level of current involvement (visits? If no, leave blank)

Describe resident's work history: _____

List resident's past and present social, cultural, civic, religious, volunteer and other affiliations/roles: _____

LIFE WITH PARTNER

(If resident had more than one significant adult relationship, please fill out a separate page for each partner)

Partner's Name: _____

Partner's Birthplace: _____

Is Partner Living? (circle) YES NO

If yes, where: _____

If deceased, when? _____

Resident's age when they met: _____

Describe partner and his/her relationship with resident:

Wedding ceremony held on: _____

Where did wedding take place? Where did they honeymoon? _____

Memorable experiences as a couple: _____

Number of children couple had: _____

At what age was first child born? _____

Children's names and current ages: _____

Grandchildren names and ages: _____

Of what life achievements has your loved one traditionally been most proud?
Has this changed since the onset of dementia? _____

What have your loved one's greatest strengths been in dealing with his/her dementia? _____

What have your loved one's greatest difficulties been in dealing with his/her dementia? _____

Please describe any significant life crises and your loved one's methods of coping with them: _____

What things seem to bring your loved one the most pleasure since the onset of his/her dementia? _____

What has your loved one traditionally found to be the most relaxing? How has this changed since the onset of his/her dementia? _____

Please check the appropriate boxes to indicate whether or not your loved one currently enjoys, or used to enjoy the activities listed below:

Activity	Previously enjoyed	Currently enjoys
Bingo		
Card games		
Checkers		
Chess		
Television/movies		
Board games		
Parties		
Picnics		
Puzzles		
Scouts		
Service groups		
Social clubs		
Visits from children		
Visits from family/friends		
Volunteering		
Camping		
Ceramics		
Drama/Theater		
Driving		
Gardening		
Home decorating		
Building models		
Painting		
Photography		
Sketching/drawing		
Traveling		
Woodworking		
Cooking		
Correspondence		
Cleaning		
Home repairs		
Knitting/crocheting		
Laundry		
Sewing/mending		
Needlework		
Shopping		
Attending concerts What kind?		
Playing an instrument Which one?		

Singing		
Listening to music What kind?		
Radio programs		
Reading books Favorites?		
Politics		
Religion Specify:		
Billiards		
Baseball Favorite team?		
Boating/fishing		
Bowling		
Exercise		
Golf		
Hockey		
Horseback riding		
Shuffleboard		
Swimming		
Soccer		
Tennis		
Volleyball		
Walking		

Foods:

Likes:

Dislikes:

To the best of your ability, please describe a typical day for your loved one:

AM routine: _____

Afternoon routine: _____

Evening/night routine: _____

Anything else you'd like to tell us about your loved one? _____

Thank you for your time!

Completed By: _____

Relationship to Resident: _____

Your Address: _____

Your Phone Number: _____