

About Me[©]

This information will allow us to personalize care, bring comfort in its many forms, and honor what matters most to the individual. Please do not answer anything you feel would violate the person's privacy.

My name is: _____ I prefer to be called: _____

I was born and raised in: _____

Important people in my life are (include relationships): _____

My work in life includes (note military service): _____

My interests, hobbies and talents: _____

Spiritual and/or cultural preferences: _____

Favorite movies, TV shows, videos, books, photos: _____

Favorite types of music (include singing) and sounds (birds, water): _____

I like the smell of (flowers, perfume, spices): _____

Favorite foods and beverages: _____

Touch preferences or sensitivities (hands, feet, face): _____

Other things that make me happy (animals [type], children, sports [type], activities, stories): _____

Things I dislike or that upset me: _____

What comforts me most when I'm upset: _____

Vision and hearing abilities (hearing aids? glasses?): _____

Communication abilities (speech, gestures, writing): _____

Movement abilities (arms, legs, stand, walk, hand dexterity): _____

Personal care (bath or shower? AM or PM? Frequency? Oral care?): _____

Sleeping habits (wake, naps, bedtime, things that help sleep): _____

I like to be known for (e.g., personality traits, accomplishments, values, contributions, humor): _____

What matters most to me now is: _____

Patient Name _____ Patient ID _____