

**Personal Information**

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| Name: | | | | |
| Address: | | Home Phone Number: | | |
| E-mail Address: | | Cell Phone Number: | | |
| Language Spoken/Read: | | Birthdate: | | |
| Family Doctor: | | Phone Number: | | |
| My Parent/Legal Guardian Name: | | | | Custody Concerns/ Arrangements:  🞎 Single  🞎 Joint |
| Phone Number(s):  Address:  Email Address: | | | |
| My Parent/Legal Guardian Name: | | | |
| Phone Number(s):  Address:  Email Address: | | | |
| Power of Attorney for Personal Care Name: | | | | |
| Contact Information: | | | | |
| Contact Information for Lawyer: | | | | |
| Primary Caregiver Name & Relationship (e.g. spouse, friend, son): | | | | |
| Contact Information: | | | | |
| Hours of Work & Work Contact Information (if applicable): | | | | |
| Secondary Caregiver Name & Relationship (e.g. spouse, friend, son): | | | | |
| Contact Information: | | | | |
| Hours of Work & Work Contact Information (if applicable): | | | | |
| **Special Considerations** | | | | |
| 🞎 Developmental Delay  🞎 Custody Concerns  🞎 Uses Sign Language  🞎 Non-Verbal  🞎 Eye Gaze Choices  🞎 Cultural Considerations | 🞎 Aggression  🞎 Uses a Mobility Device  🞎 Risk for Falling  🞎 Unable to Walk  🞎 Mental Health  🞎 Hearing Impairment | | 🞎 Dementia/Alzheimer’s  🞎 Roaming Risk  🞎 Visually Impaired  🞎 English as Second Language  🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 🞎 I have a Care Plan or Coordinated Care Plan (e.g. Health Links) | | | | |

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| My Nicknames: |  |
| Siblings: |  |
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| Married to: |  |
| When Married: |  |
| Where I have Lived: |  |
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| Children: |  |
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| Previous Occupations: |  |
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| What I Like to Do (e.g. reading, games, sports, activities, etc.): |  |
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| What Kind of Music I Like: |  |
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| Other Information About Me: |  |
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When planning or providing care, it’s important to understand how to make you and your environment as comfortable as possible. Use this section to write down any ‘triggers’ that might cause you to feel or react in negative way.

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| **Trigger** | **Reaction** | **Possible Alternatives** |
| *e.g. Loud noises* | *e.g. Anxiety or agitation* | *e.g. Keeping the door shut when possible;*  *Turning volume down on in-room alarms* |
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