



Personal Information



This Binder Follows the Healthcare Journey of:

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: <input type="checkbox"/> Single <input type="checkbox"/> 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		
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Aggression	<input type="checkbox"/> Dementia/Alzheimer's
<input type="checkbox"/> Custody Concerns	<input type="checkbox"/> Uses a Mobility Device	<input type="checkbox"/> Roaming Risk
<input type="checkbox"/> Uses Sign Language	<input type="checkbox"/> Risk for Falling	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Unable to Walk	<input type="checkbox"/> English as Second Language
<input type="checkbox"/> Eye Gaze Choices	<input type="checkbox"/> Mental Health	<input type="checkbox"/> _____
<input type="checkbox"/> Cultural Considerations	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> _____
<input type="checkbox"/> I have a Care Plan or Coordinated Care Plan (e.g. Health Links)		





Facts About Me

My Nicknames:	
Siblings:	
Married to:	
When Married:	
Where I have Lived:	
Children:	
Previous Occupations:	
What I Like to Do (e.g. reading, games, sports, activities, etc.):	
What Kind of Music I Like:	
Other Information About Me:	





Care Considerations

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.

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

