

**Individual Info**

Name(s): \_\_\_\_\_ M F Level of Dementia: \_\_\_\_\_

Dominant hand: L R ? Age: \_\_\_\_\_

Where from? (originally) \_\_\_\_\_  
(recently) \_\_\_\_\_

Childhood family: \_\_\_\_\_

Important People: \_\_\_\_\_

Past Jobs: \_\_\_\_\_

Past Hobbies: \_\_\_\_\_

Personal Care habits: (Y/N/?)  
\_\_ dentures \_\_ shaving - how often? \_\_\_\_\_ \_\_ nail painting  
\_\_ brush teeth - how often? \_\_\_\_\_ \_\_ make-up  
\_\_ shower \_\_ bath \_\_ sponge bath \_\_ self-toilet - cues \_\_\_\_\_

Favorite Meals or Foods: \_\_\_\_\_

Disliked Foods: \_\_\_\_\_

Spiritual/Religious Habits: \_\_\_\_\_

Things that irritate/bother: \_\_\_\_\_

Things that help or soothe: \_\_\_\_\_

Any other critical info: \_\_\_\_\_

Personality Traits: \_\_\_\_\_

**Individual Info**

Name(s): \_\_\_\_\_ M F Level of Dementia: \_\_\_\_\_

Dominant hand: L R ? Age: \_\_\_\_\_

Where from? (originally) \_\_\_\_\_  
(recently) \_\_\_\_\_

Childhood family: \_\_\_\_\_

Important People: \_\_\_\_\_

Past Jobs: \_\_\_\_\_

Past Hobbies: \_\_\_\_\_

Personal Care habits: (Y/N/?)  
\_\_ dentures \_\_ shaving - how often? \_\_\_\_\_ \_\_ nail painting  
\_\_ brush teeth - how often? \_\_\_\_\_ \_\_ make-up  
\_\_ shower \_\_ bath \_\_ sponge bath \_\_ self-toilet - cues \_\_\_\_\_

Favorite Meals or Foods: \_\_\_\_\_

Disliked Foods: \_\_\_\_\_

Spiritual/Religious Habits: \_\_\_\_\_

Things that irritate/bother: \_\_\_\_\_

Things that help or soothe: \_\_\_\_\_

Any other critical info: \_\_\_\_\_

Personality Traits: \_\_\_\_\_

**Individual Info**

Name(s): \_\_\_\_\_ M F Level of Dementia: \_\_\_\_\_

Dominant hand: L R ? Age: \_\_\_\_\_

Where from? (originally) \_\_\_\_\_  
(recently) \_\_\_\_\_

Childhood family: \_\_\_\_\_

Important People: \_\_\_\_\_

Past Jobs: \_\_\_\_\_

Past Hobbies: \_\_\_\_\_

Personal Care habits: (Y/N/?)  
\_\_ dentures \_\_ shaving - how often? \_\_\_\_\_ \_\_ nail painting  
\_\_ brush teeth - how often? \_\_\_\_\_ \_\_ make-up  
\_\_ shower \_\_ bath \_\_ sponge bath \_\_ self-toilet - cues \_\_\_\_\_

Favorite Meals or Foods: \_\_\_\_\_

Disliked Foods: \_\_\_\_\_

Spiritual/Religious Habits: \_\_\_\_\_

Things that irritate/bother: \_\_\_\_\_

Things that help or soothe: \_\_\_\_\_

Any other critical info: \_\_\_\_\_

Personality Traits: \_\_\_\_\_

**Individual Info**

Name(s): \_\_\_\_\_ M F Level of Dementia: \_\_\_\_\_

Dominant hand: L R ? Age: \_\_\_\_\_

Where from? (originally) \_\_\_\_\_  
(recently) \_\_\_\_\_

Childhood family: \_\_\_\_\_

Important People: \_\_\_\_\_

Past Jobs: \_\_\_\_\_

Past Hobbies: \_\_\_\_\_

Personal Care habits: (Y/N/?)  
\_\_ dentures \_\_ shaving - how often? \_\_\_\_\_ \_\_ nail painting  
\_\_ brush teeth - how often? \_\_\_\_\_ \_\_ make-up  
\_\_ shower \_\_ bath \_\_ sponge bath \_\_ self-toilet - cues \_\_\_\_\_

Favorite Meals or Foods: \_\_\_\_\_

Disliked Foods: \_\_\_\_\_

Spiritual/Religious Habits: \_\_\_\_\_

Things that irritate/bother: \_\_\_\_\_

Things that help or soothe: \_\_\_\_\_

Any other critical info: \_\_\_\_\_

Personality Traits: \_\_\_\_\_