

Get to Know Me

A guide to help your care team understand who you are



This form helps your care providers learn about you as a person – your preferences, history, and what matters most to you. This information helps them provide care that’s right for you.

You can fill this out yourself or with help from someone who knows you well.

Please use blue or black pen to fill the form out.

- I am filling this out myself
- Someone is helping me fill this out

Their name: _____

Their relationship to me: _____

Date completed: _____

About Me



What is your name? _____

What name do you prefer to be called? _____

Where were you born? _____ When? _____

Where did you grow up? _____

Where do you consider home? _____

What language(s) do you speak? _____

What language do you prefer reading/writing? _____

Gender:

Male Female Nonbinary Self-describe: _____ Prefer not to say

Sexual orientation:

Heterosexual Gay Lesbian Bisexual Asexual

Self-describe: _____ Prefer not to say

Military service:

Yes No If yes, which branch/service: _____

Important life events that shaped who I am: _____

What brings me the most joy: _____

My biggest pet peeve is: _____

Tell me more about yourself (use this space to share anything else important): _____

My Daily Routine



Morning

What time do you usually wake up? _____

What's the first thing you do when you wake up? _____

Do you eat breakfast? Yes No If yes, what time? _____

What do you usually like to eat for breakfast? _____

Afternoon

Do you eat lunch? Yes No If yes, what time? _____

What do you usually like to eat for lunch? _____

What activities do you enjoy during the day? _____

Evening

Do you eat dinner? Yes No If yes, what time? _____

What do you usually like to eat for dinner? _____

What time do you usually go to bed? _____

What do you like to do before going to bed? _____

Bathing preference:

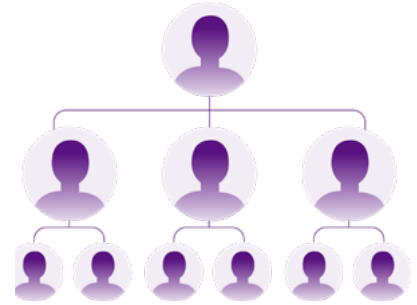
Do you prefer: Shower Bath Other _____

What time of day do you prefer to bathe? Morning Afternoon Evening

Tell me more about your typical day:

(For example: Do you like to nap? Do you have any special routines? Are there certain times of day when you prefer quiet or activity?)

People Who Matter to Me



Are you in a committed relationship? Yes No

If yes, your partner's/spouse's name: _____

What do you call them (husband, wife, partner, etc.)? _____

How long have you been together? _____

Do you have children? Yes No If yes, how many? _____

Their names: _____

Do you have grandchildren? Yes No If yes, how many? _____

Their names: _____

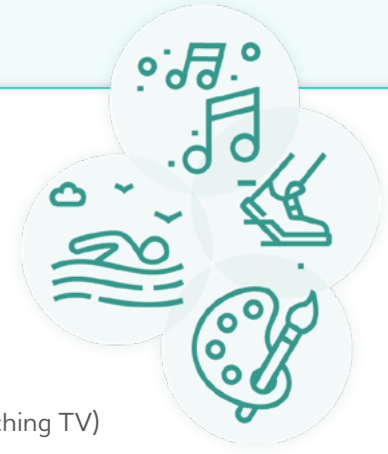
Do you have siblings? Yes No If yes, how many? _____

Their names: _____

Who are your closest friends? _____

Tell me more about the people who mean the most to you: _____

My Preferences and Interests



Things that make me happy

What activities do you enjoy doing? (Examples: reading, gardening, watching TV)

What kind of music brings you joy? _____

What TV shows or movies do you like to watch? _____

What foods do you especially enjoy? _____

What do you like to talk about? _____

Things that may upset me

Are there foods you really don't like? _____

Are there topics you'd rather not talk about? _____

Pets and animals

How do you feel about animals?

I enjoy them I don't care for them I'm afraid of them

Have you had pets that were special to you? Yes No

If yes, tell me about them: _____

Is there anything else you'd like people to know about what you enjoy? _____

My Education and Work



What level of education did you complete? (Check all that apply)

- Grade school
- High school
- College/University Degree earned (BA, BS): _____
What did you study? _____
- Graduate school Degree earned (MA, MS, PhD, MD, JD): _____
What did you study? _____
- Vocational/Technical training What field? _____
- Other: _____

What type of work did you do for most of your life? _____

What was your job title or profession? _____

What did you enjoy most about your work? _____

Is there anything else you'd like to share about your education or work experience?

My Beliefs and Traditions



Are spiritual or religious beliefs important to you? Yes No

Do you belong to a faith community? Yes No

If yes, which one? _____

Are there religious services or practices that are important to you?

Are there cultural traditions that are important to you?

Are there certain practices around food, prayer, or clothing that are important to you?

What holidays or special occasions do you celebrate?

Is there anything else you'd like to share about your beliefs or traditions?
