

# PERSONAL INFORMATION FORM

ADAPT THIS FORM TO INCLUDE THE MOST RELEVANT INFORMATION PERTAINING TO YOUR LOVED ONE

Full name: \_\_\_\_\_

Preferred name (include titles, nicknames): \_\_\_\_\_

Pronouns: \_\_\_\_\_

Age: \_\_\_\_\_

Type of dementia: \_\_\_\_\_

Primary language: \_\_\_\_\_

Contacts (Include healthcare proxy, emergency contacts, important family or friends):

**CONTACT 1 NAME**

**CONTACT 1 PHONE NUMBER**

**CONTACT 2 NAME**

**CONTACT 2 PHONE NUMBER**

Describe cognitive abilities and challenges (memory and thinking, speaking and understanding communication, motor skills, etc.):

Describe normal daily routines and preferences, including sleep habits, eating and drinking patterns and abilities, and typical patterns of behavior:

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Describe what is distressing and what is calming (including approach, environment, communication):

Describe relevant safety risks, such as wandering or falling:

Briefly describe relevant family background (hometown, family of origin, marriage, children, etc.):

Briefly describe relevant cultural background, religious or spiritual practices, and past career, interests and achievements:

Other notes: