

Individual Info

Name(s): _____ M F Level of Dementia: _____

Dominant hand: L R ? Age: ____

Where from? (originally) _____
Culture? (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 & Preferences: _____
Hot - Cold Loner - Joiner Doer - Watcher
Inside - Outside Leader - Follower Emotional - Logical
Quiet - Busy Work - Leisure Do More - Talk More

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