



# Resident Profile

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Attach photograph

Date of Photograph: \_\_\_/\_\_\_/\_\_\_

## Life Story

### Personal Background

1. Resident name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
  - List any nicknames: \_\_\_\_\_
  - Prefers to be addresses as: \_\_\_\_\_
2. Residence (location and briefly describe setting, such as rural/suburban/city/number of years/etc.): \_\_\_\_\_  
\_\_\_\_\_
  - Born and raised: \_\_\_\_\_
  - Other residents throughout their lifetime that may be of importance: \_\_\_\_\_  
\_\_\_\_\_

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

3. Previous mental health / mental retardation services history?      Yes      No  
• If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

4. Substance abuse history?      Yes      No  
• If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Person Completing Above Section: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Family Background

1. Spouse:

- Please list marriage(s)/significant others:

<b>Name:</b>	<b>Length of Relationship:</b>	<b>Status:</b>
_____	_____	Separated      Divorced      Widowed Other: _____
_____	_____	Separated      Divorced      Widowed Other: _____

- Most recent spouse's name: \_\_\_\_\_ Age (if deceased, date): \_\_\_\_\_
- Most recent spouse's occupation: \_\_\_\_\_

2. Children:

- Yes      No

- List names and ages of children, if any. If deceased, please list the date.

<b>Name:</b>	<b>Age/Date of death:</b>
_____	_____
_____	_____
_____	_____
_____	_____

3. Grandchildren/Great Grandchildren:

- Yes      No

- List names and ages of grandchildren/ great grandchildren, if any. If deceased, please list the date.

<b>Name:</b>	<b>Age/Date of death:</b>
_____	_____
_____	_____
_____	_____
_____	_____

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

4. Parents:

- Mother: Age: \_\_\_\_\_ If deceased, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Father: Age: \_\_\_\_\_ If deceased, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- List names and or nicknames: \_\_\_\_\_
- Mother's occupation: \_\_\_\_\_
- Father's Occupation: \_\_\_\_\_
- Favorite "childhood" memories: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Siblings:

- Yes      No
  - List names and ages of siblings, if any. If siblings are deceased please list the date.
- | Name: | Age/Date of death: |
|-------|--------------------|
| _____ | _____              |
| _____ | _____              |
| _____ | _____              |
| _____ | _____              |

6. Please describe any special family traditions and / or celebrations that are an important part of your loved ones' life (holiday, birthday, religious, cultural, etc.).
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Person Completing Above Section: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EDUCATIONAL/OCCUPATIONAL BACKGROUND**

1. Education:

- Grade School      High School      College      Graduate School      Technical
- List name and location of each school attended and degrees received, if applicable.

Name of school:	Location:	Degree:
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Occupation(s):

- Please list former various occupations:
- \_\_\_\_\_
- \_\_\_\_\_

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

- Occupation held for longest period and during what years? \_\_\_\_\_  
\_\_\_\_\_
- Please briefly describe the occupation most enjoyed (duties, responsibilities, any special memories awards, recognition's memberships in any in any professional organizations, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
- Least enjoyed occupation: \_\_\_\_\_
- Most recent occupation: \_\_\_\_\_

3. Military Service:

- Yes No
- If yes, which branch? \_\_\_\_\_
- What was the length of service? \_\_\_\_\_
- Rank, any special honors or medals, etc.: \_\_\_\_\_  
\_\_\_\_\_
- Please explain if this was a positive or a negative experience: \_\_\_\_\_  
\_\_\_\_\_

Person Completing Above Section: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**SOCIAL/ACTIVITIES BACKGROUND**

1. Religion/Denomination:

- What religion/denomination is she/he: \_\_\_\_\_
- Name of clergyman: \_\_\_\_\_ Telephone number: (\_\_\_\_)\_\_\_\_\_
- Briefly describe the importance of religion and participation in related activities (i.e. "goes to church daily", "attends service only on holidays", "doesn't actively participate", etc.):
  - Past: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please list any other ways to nurture the resident's spirituality (through reading, music, rosary, nature, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

2. Social Groups/Organizations:

- Please list any memberships or participation in social organizations (women’s clubs, Rotary, Elks, VFW, religious, etc.):

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- Please list any community, volunteer, or charitable organization in which she/he participated:

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3. Close Friends:

- List the names of any close friends, where they live, shared activities, current involvement:

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4. Leisure Time:

- What Activities/ hobbies bring out the best pleasure and / or relaxation during leisure time?

- Past: \_\_\_\_\_

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- Present: \_\_\_\_\_

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5. List any preferences to being involved in group settings (along, small groups, large groups):

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6. Interest (please check “C” for a “Current” interest or “P” for a “Past” interest):

<b>Life Skills</b>	<b>Group Interaction</b>	<b>Physical</b>
Sewing/Folding (C/P)	Music/Singing (C/P)	Group exercise (C/P)
Cooking/Baking (C/P)	Trivia (C/P)	Individual exercise (C/P)
Sweeping/Cleaning (C/P)	Reminiscing (C/P)	Dancing (C/P)
Gardening (C/P)	Visiting others (C/P)	Walks (C/P)
Floral Arranging (C/P)	Children (C/P)	Ping Pong (C/P)
Collections (C/P)	Play instrument (C/P)	Swimming (C/P)
_____	_____	Golf/Bowling (C/P)
Office (C/P)	Books/Newspaper (C/P)	Tennis (C/P)
Carpentry/Fixing things (C/P)	Pets – What kind? (C/P)	Badminton (C/P)
_____	_____	Basketball (C/P)
Painting/Arts (C/P)	Other (C/P)	Other (C/P)
Mechanical (C/P)	_____	_____
Working on cars (C/P)	Other (C/P)	Other (C/P)
Plumbing/Woodworking (C/P)	_____	_____

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Community Work	Outings	Entertainment/Games
Hospital (C/P)	Shopping (C/P)	Movie/Slides (C/P)
Library (C/P)	Movies (C/P)	TV (favorite programs)
Voter Registration (C/P)	Plays/Theater (C/P)	_____ (C/P)
Fund Raisers (C/P)	Music (C/P)	_____ (C/P)
Youth (C/P)	Van Rides (C/P)	Presentations (C/P)
_____	Parks (C/P)	Bridge/Cards (C/P)
Sunday School (C/P)	Restaurants (C/P)	Bingo (C/P)
Charities (C/P)	_____	Checkers/Chess (C/P)
Church (C/P)	Other (C/P) _____	Other (C/P) _____
Other (C/P)	Other (C/P)	Other (C/P)
_____	_____	_____

7. Additional Comments:

- Please include which activity brings the most enjoyment, list of suggested reading materials, movies, and any activity that would not be enjoyable, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Completing Above Section: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DAILY ROUTINE**

1. Sleeping Routine:

- Please give preferred morning “wake-up” time: \_\_\_\_\_
- List any “napping” preferences (time and location – such as in bed, a chair, in front of the TV, etc.): \_\_\_\_\_
- Please give a preferred “bedtime”: \_\_\_\_\_
- Describe her/his nighttime sleeping pattern (i.e. sleeps through the night, waking at specific times – please list possible causes such as toileting needs, fears, or hunger, etc.):

\_\_\_\_\_

\_\_\_\_\_

- Please list any sleeping “comforts” (i.e, night light, 2 pillows, favorite blanket, pajamas, etc.):

\_\_\_\_\_

\_\_\_\_\_

2. Bathing Routine:

- Please give bathing preference (i.e., shower, bath, sponge bath, soaps, etc.): \_\_\_\_\_
  - Provide preferred time (i.e, morning – before breakfast, evening – before bed, etc.):
- \_\_\_\_\_
- Please give preferred bathing frequency (i.e, daily, every other day, weekly, specific days, etc.): \_\_\_\_\_

Person Completing Above Section: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

# 24-Hour Calendar

In order to better understand the daily routines that are familiar and comfortable for your loved one, this accounting of a typical day will help Alpine House to learn important information. With the details you provided, we can achieve our goal of creating pleasant days for each resident.

Knowing the familiar and comfortable routines of your loved one will help our caregivers meet her/his needs. The more we know prior to moving in, the easier the adjustment should be. We appreciate your assistance.

## **MORNING – 6:00 A.M. to 12:00 P.M.**

- Please describe a typical morning’s routine and activities. Include information such as regular waking time, bathing routine, dressing, time of breakfast and favorite breakfast foods, general mood, periods of anxiety or restlessness, naps, snacks, regular activities, etc.

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## **AFTERNOON – 12:00 P.M. to 6:00 P.M.**

- Please describe a typical afternoon’s routine and activities. Include information such as meal time(s), naps, preferred snacks, favorite foods for lunch and dinner, general mood, periods of anxiety or restlessness, regular activities, etc.

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Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

**EVENING – 6:00 P.M. to 12:00 A.M.**

- Please describe a typical evening’s routine and activities. Include favorite snacks, bathing routine and preferences, time they get undressed for the evening, time they go to bed for the night, general mood, periods of anxiety or restlessness, regular and routines, etc.

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**Night – 12:00 A.M. to 6:00 A.M.**

- Please describe a typical night’s routine. Including sleep disturbances, possible reasons for the disturbances, snacks, etc. Please be time specific whenever possible.

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**ADDITIONAL COMMENTS.**

- Please include any information that may help us with your loved one’s daily routine.

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**Person Completing Above Section:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Resident Name:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

(After completing, please submit to facility)