

PERSONAL INFORMATION SHEET

Help Us Get to Know You Better

***Please answer only what you are comfortable sharing**

Preferred Name: _____

Memory Impairment: YES/NO Preferred Language: _____

Preferred Method of Communication:

Sign Language Communication Board Other: _____

YOUR SUPPORT SYSTEM:

Who is your primary contact? _____

Who do you share your household with? _____

TELL US ABOUT YOUR FAMILY:

Married/Single/Partner/Widow(er): Name: _____ Children: YES/NO

Name(s): _____

Grandchildren: YES/NO How Many: _____

Great Grandchildren: YES/NO How Many: _____

Siblings: YES/NO

Other Support/Family Member(s): _____

Your Occupation: _____

Years of Military Service (if applicable): _____

What makes you frustrated? _____

What makes you smile? _____

What is your music preference? _____

What is your bedtime routine? _____

What would you most importantly like the Hospital staff to know about you?
