

PERSONAL HISTORY

Loved One	
Name	
Age, Birthday	
Address	
Phone, Email	
Family Members	Name, Phone, Email, Relationship, Living with Loved One (Y/N):
Non-relative Caregivers	Name, Phone, Email, Relationship, Living with Loved One (Y/N):

Medical Info	
Cognitive Health	<p><i>(Indicate current state on the 1–10 scale below, with 10 being “best”.)</i></p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>Details:</p>
Psychological Health	<p><i>(Indicate current state on the 1–10 scale below, with 10 being “best”.)</i></p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>Details:</p>
Physical Health	<p><i>(Indicate current state on the 1–10 scale below, with 10 being “best”.)</i></p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>Details:</p>



Safety Considerations	Driving (Y/N) Ability to Spend Time Alone (Y/N) Safe to Leave House Alone (Y/N) Safe to Leave Property Alone (Y/N) Other
Diet/Nutrition	Foods to Avoid, Reason Foods to Encourage, Reason
Doctors	Name, Phone Number, Office Address, Specialty

Medications, Vitamins, Supplements					
Name	Purpose	Doctor	Date Started	Color/Shape	Dose, Instructions



Medications, Vitamins, Supplements, continued					
Name	Purpose	Doctor	Date Started	Color/Shape	Dose, Instructions

Life History	
Everyday Personality	
Typical Daily Routine/ Schedule	
Interests	
Hobbies	
Behavioral Triggers	Positive Negative
Profession/ Former Profession	
Schools Attended	Name City, ST
Focus of Study/Major	
Military Service	Branch, Dates of Service, Last/Highest Rank, Station Locations
Volunteer Service	Organization, Dates of Service, Role



Religious Affiliation	Faith, Place of Worship
Major Life Achievements, Proudest Moments	

Legal Documents	
Power of Attorney on File	Name, Date of Execution, Contact Information <i>(if not included above)</i> Notarized copy at this location (Y/N) If no, where?
Living Will/ Advanced Directive	Date of Execution Document Location/Holder
DNR	Date of Execution Document Location/Holder

