



PRESBYTERIAN HOME RESIDENT PROFILE

PERSONAL BACKGROUND

1. Resident's name: _____
 - ❖ List any nicknames: _____
 - ❖ Prefers to be addressed as: _____
2. Resident's age: _____ Date of birth: ____/____/____
 - ❖ Where was resident born and raised? _____
3. Resident's last residence prior to moving into PHM? (location, setting, number of years, etc.): _____

Person completing above section: _____

FAMILY BACKGROUND

1. Spouse:
 - Name: _____
 - Length of Marriage: _____
 - Status: Married Widowed Separated Divorced
2. Children:
 - ❖ List names and ages, if any:
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____

Please list any additional children on back.

3. Grandchildren/Great Grandchildren:
 - ❖ List names and ages, if any:
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____

Please list any additional grandchildren/great-grandchildren on back.

4. Siblings:

❖ List names and ages of siblings. Please note if they are deceased.

1. _____

2. _____

3. _____

4. _____

Please list any additional siblings on back.

EDUCATIONAL/OCCUPATIONAL BACKGROUND

1. Education:

❖ Grade school: _____

❖ High School: _____

❖ College: _____

What Degree: _____

❖ Graduate: _____

What Degree: _____

❖ Technical: _____

What Industry: _____

2. Occupation:

❖ Resident's main occupation and description, if necessary:

3. Military Service:

Yes No

❖ If yes, which branch? _____

❖ Length of service: _____

❖ List rank, special honors or medals, etc.: _____

Person completing above section: _____

SOCIAL/ACTIVITIES BACKGROUND

1. What religion/denomination is the Resident? _____

❖ Are they a member of a church or synagogue? Yes No

❖ If yes, which one? _____

❖ Are they currently active? Yes No

❖ Favorite church activities: _____

2. Social Groups and Organizations:

- ❖ List any memberships or participation in social organizations (women's/men's clubs, Rotary, Elks, country clubs, VFW, etc.):

3. Interests:

- ❖ Please check all that apply and circle either "C" for current interest or "P" for past interest:

- | | | | |
|---|--------|--|--------|
| <input type="checkbox"/> Sewing | C or P | <input type="checkbox"/> Music or Singing | C or P |
| <input type="checkbox"/> Painting | C or P | <input type="checkbox"/> Visiting others | C or P |
| <input type="checkbox"/> Crafts | C or P | <input type="checkbox"/> Playing an Instrument | C or P |
| <input type="checkbox"/> Trivia | C or P | <input type="checkbox"/> Books/Newspapers | C or P |
| <input type="checkbox"/> Pets | C or P | <input type="checkbox"/> Reminiscing | C or P |
| <input type="checkbox"/> Children | C or P | <input type="checkbox"/> Group exercise | C or P |
| <input type="checkbox"/> Walks | C or P | <input type="checkbox"/> Individual exercise | C or P |
| <input type="checkbox"/> Politics | C or P | <input type="checkbox"/> Presentations | C or P |
| <input type="checkbox"/> Bingo | C or P | <input type="checkbox"/> Movies/Slides | C or P |
| <input type="checkbox"/> TV Shows | C or P | <input type="checkbox"/> Checkers/Chess | C or P |
| <input type="checkbox"/> Cards | C or P | <input type="checkbox"/> Shopping | C or P |
| <input type="checkbox"/> Board Games: Which ones? _____ | | | |

DAILY ROUTINE

Sleeping Routine:

- ❖ Preferred wake-up time: _____
- ❖ List any napping preferences (time, location – such as in bed, a chair, in front of the TV, etc.) _____
- _____
- ❖ Preferred bedtime: _____

Person completing above section: _____

ADDITIONAL INFORMATION TO ASSIST PRESBYTERIAN HOME'S STAFF IN GETTING TO KNOW OUR NEW RESIDENT:
