RESIDENT PROFILE

Name: First	Middle	_ Last	Ni	ckname
Birth Date	Place of Birth	L	ocation of R	esidence
Occupation	Educati	on	Name of College	
Family Current Marital Sta Years of Marriage_	atus? M W S D Marrio	ed To (Nam	e)?	_
If Spouse Living?	Will he/she be visiting?	Yes No	Frequency? _	
Children? Yes N	No Number of Children	n?	Son(s) _	Daughter(s)
Name/Relationsh	ame/Relationship Location Visit Frequen			
	Family Members of Relationship		(es/No)	Location
Other Family Inf	formation/History			
Created by: Laurie Kjar,	, CTRS, Activity Consultant	and Educator		

Favorite Activities/H	obbies/Past	times?		
Pets? Cats, Dogs, Birds, Fi		Spiritual/Religion		
Owned? Y N Allergies to		<u>. </u>		
Reading				
TV		Clubs/Organizations		
Music				
Gardening		Travel/Favorite Destinations		
Cooking		Cards/Games		
_Outdoor Act		cards/ dames		
Outdoor /Ict		(Include Spectator/favorite teams and Participating)		
D. 41 191 19-191.	41 C. 11	1		
Do they like or dislik				
Flowers?Like	Dislike	·		
Animals?Like	Dislike			
Being around				
Large groups?Like	Dislike			
Things They Like an	d Things T	<u>hey Dislike</u>		
Personality		Sleep Habits		
Enjoys being with others		Goes to bed early		
Loner/Likes being by selfNigh		ght owl-Stays up late		
		_Likes to get up early		
Sense of Humor		_Likes to sleep in late in AM		
Serious		Elikes to sleep in late in AWTakes naps during day		
_Outgoing	-	Has difficulty sleeping at night		
Likes to be in Charge				
Negative				
Daily Routines				
Rehavioral Symptom	s in recent	past? (I.e. Crying, Anxious, Wandering, Yelling, Insomnia)		
Denavior at Sympton	is in recent	past: (i.e. Crying, Anxious, wandering, Tennig, Insolinia)		
T 4 4 4 1				
Interventions that ha	<u>ive been suc</u>	ccessful to decrease behavioral episodes?		
<u> </u>				
Other Comments				
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