

Elder's Social & Family History

The Gardens at Calvary

All sections of this form should be filled out by the elder and/or family member and returned to the community administrator prior to or on the date of admission. This information utilized by facility staff to meet specific needs and will not be released to anyone without the consent of the elder/family.

Name: _____
(First) (Middle) (Last)

Prefers to be called: _____ Date of Birth: _____ Age: ____ Sex: ____

Birthplace: _____ Religious Preference: _____

Describe ethnic background/language spoken: _____

Prior living arrangement: Alone With Family Member Another Facility Other

Remarks: (opinion of previous living arrangement, names/relationship of those living with elder, household help, etc.) _____

Reason for admission (chain of events leading up to admission): _____

Did elder participate in decision for admission (Please explain): _____

Please explain any changes in behavior prior to admission. If elder has a history of psychiatric condition, please give history and explain treatment: _____

Marital status (name of spouse, date of widowhood, divorce or separation): _____

Names and location of children: _____

Current family relationship including friends (Please indicate any concerns): _____

Elder's living environment: Rural Urban Suburban

Education History: _____

Current/previous occupations of elder: _____

Retirement Date: _____ Interests since retirement: _____

Political involvement (offices held, registered voter): _____

Military History (Date and Branch of Service): _____

Religious Involvement (name of church & pastor): _____

Would elder be interested in receiving visits from clergy or layperson while at this home? _____

Activities most enjoyed by elder: _____

Does your family member enjoy socializing or prefer privacy? _____ If privacy, what are the hobbies/interest the elder enjoys?

RECREATION: (Circle what applies)

Playing Cards: Type: _____

Bowling

Sports: Type: _____

Cooking/Baking

Gardening: Type: _____

Exercise

Reading: Type: _____

Needlework

Collecting stamps, coins, etc.: _____

Visiting (friends, neighbors, volunteer work)

Board Games: Type: _____

Dancing

Music: Type: _____

Ability to Sing

Plays an instrument: Type: _____

Television: What Shows: _____

Arts

Pets: _____

Bird Watching

Uses Computer

Sightseeing

Crafts

What seems to get a “response” or “spark” from your family member? (Please be specific):

Please include your family member’s likes and dislikes: _____

Prefers Coffee: AM PM BOTH

Prefers Tea: AM PM BOTH

Preferred Cola Beverage: (What Brands) _____

Prefers to Dress and Groom: Before Breakfast After Breakfast

Does this vary on weekends? YES NO

Prefers to Bath: AM PM EITHER (Does not matter)

Preferred time for getting up in the AM: _____ Preferred time for going to bed in the PM: _____

Favorite perfume/cologne/aftershave: _____

Briefly describe a typical daily routine: _____

Historically, how does your family member handle new situations, difficulties, and stress? (i.e. become worried, withdrawn, ill tempered, etc.): _____

What did you find helpful if your family member was unable to sleep at night? _____
