**Member History**

Our goals are to provide quality care and a continued quality of life experience for your loved one. In order to work toward these goals, we ask that you help us get to know your family member or friend by completing this profile. Please answer each question as candidly as possible so that we may learn about their traditions and understand what has been important in their life.

Member Name:      

Provider Name:      

Date Completed:      

1. Narrative summary of individual (life events, work history, marriage, family history, friends, spiritual history, organizations or volunteer experience, previous living environment, pets, etc.):

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1. Significant relationships for this individual: (current and past):

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1. Important (significant) life events (things that were very important to or happened to individual):

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1. Individual’s daily routine prior to placement (eating, sleeping, and grooming and bathing habits):

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1. Individual’s current daily routine:

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1. Things the individual likes (music, food, hobbies, leisure activities, items or routines that are important to individual):

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1. Things the individual dislikes (what may annoy the individual):

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1. Calming Technique (what helps calm the individual down):

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1. Health concerns that may contribute to changes in behavior and how to identify them (UTI, illness, etc.):

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1. How does the individual manifest pain? (Does this Individual have chronic pain? Where? Other pain? How do you know if this Individual express pain? Voice, facial expression, verbalization?)

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1. How does the individual communicate? (bilingual, written, verbal, use technology, etc., include behaviors you are aware of used as a form of self-expression [behavioral communication])

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1. How do we effectively communicate with the individual, including use of technology or other adaptations? (speak slowly, verbally, pictures, etc., include techniques used to respond to individual’s behavioral communication)

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**Thank you for completing this form on your loved one. This will enable everyone to better meet their needs.**

**Form completed by:**

**Please return this form to**      

**on or before**       .

\*Residential Providers are encouraged to keep this document in the residents chart accessible to staff. It is recommended providers utilize care conferences as a method of completing the history form.