

Total Life Center Participant History and Interest Form

Participant's Full Name: _____

Preferred Name: _____ Nickname: _____

Date of Birth: _____ Place of Birth: _____

Ethnicity: African American Caucasian Native American Hispanic Asian Other

If other, please state here: _____

Education: 8th Grade High School College Graduate School

Subject of Degree(s): _____

Religious/Spiritual/Cultural Background and/or Needs: _____

Current and/or Former Occupation: _____

Names of People Remembered (for dementia patients): _____

Family Information				
	Name	Living?	Place of Residence	Age
Mother:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Father:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Siblings:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grandchildren:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Great-Grandchildren:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Hobbies and Interests

Hobby/Interest	Specifics or Type	Current or Past?
Listening to Music		<input type="checkbox"/> Current <input type="checkbox"/> Past
Singing		<input type="checkbox"/> Current <input type="checkbox"/> Past
Playing Musical Instrument		<input type="checkbox"/> Current <input type="checkbox"/> Past
Animals, Pets		<input type="checkbox"/> Current <input type="checkbox"/> Past
Children		<input type="checkbox"/> Current <input type="checkbox"/> Past
Sports		<input type="checkbox"/> Current <input type="checkbox"/> Past
Games		<input type="checkbox"/> Current <input type="checkbox"/> Past
Movies		<input type="checkbox"/> Current <input type="checkbox"/> Past
Woodworking		<input type="checkbox"/> Current <input type="checkbox"/> Past
Storytelling		<input type="checkbox"/> Current <input type="checkbox"/> Past
Ceramics		<input type="checkbox"/> Current <input type="checkbox"/> Past
Dancing		<input type="checkbox"/> Current <input type="checkbox"/> Past
Exercising		<input type="checkbox"/> Current <input type="checkbox"/> Past
Needlework		<input type="checkbox"/> Current <input type="checkbox"/> Past
Cooking		<input type="checkbox"/> Current <input type="checkbox"/> Past
Drawing, Painting		<input type="checkbox"/> Current <input type="checkbox"/> Past
Crafts		<input type="checkbox"/> Current <input type="checkbox"/> Past
Gardening		<input type="checkbox"/> Current <input type="checkbox"/> Past
Traveling		<input type="checkbox"/> Current <input type="checkbox"/> Past
Housekeeping		<input type="checkbox"/> Current <input type="checkbox"/> Past
One-on-one conversations		<input type="checkbox"/> Current <input type="checkbox"/> Past
Other		<input type="checkbox"/> Current <input type="checkbox"/> Past

Does the participant write? Yes No Right Handed Left Handed
 Does the participant read? Yes No

If yes, what do they prefer to read? _____

Please write any other social, medical and/or cultural information you would like to share about your loved one that may assist Total Life Center staff in planning meaningful activities for him or her below. _____

<p><u>For Office Use Only</u></p> <p>Date Received by Center: _____ CPD Signature: _____</p>
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