

PENPERGWM HOUSE

THIS IS  
MY  
LIFE



At Penpergwm House we understand that moving into a care home and adapting to a change of environment can be unsettling so it is very important to us to endeavour to make the transition as easy as possible. Having a better understanding of who the person really is and what is important to them helps us to accommodate and care for our clients in the best possible way. This is a form that we ask our clients and their families to complete. There is helpful guidance notes on our website if needed.

## 1. PERSONAL INFORMATION

Full names:

Date of Birth

Age:

Name I like to be called:

Marital status:

Spouse's Name (Still Living: Yes / No):

Place of Birth:

Nationality:

## 2. FAMILY DETAILS

### My Children

Name:

Hometown

Name:

Hometown:

Name:

Hometown:

Name:

Hometown:

**My Grandchildren** (*names & ages*):

**My Siblings:**

**My Parents' Names** *(and their occupations):*

**Other Significant Family Members / Relationships:**

**3. SOCIAL DETAILS**

Towns / Districts lived in:

Schools attended:

Academic achievements:

Occupation(s):

Occupation of spouse:

#### **4. MY LIFE SO FAR**

Hobbies and skills (past & present):

Physical activities (past & present):

#### **Entertainment: Favourite -**

TV programme:

Radio programme:

Types of books:

Authors:

Music:

Card games:

Films:

Animals:

Pets (include animal type and names):

#### **In the community, did you go to:**

Clubs (identify):

Evening classes (specify):

Place of Worship (religion):

Denomination:

Other:

#### **HOLIDAYS**

**UK:** Type of holiday (e.g. cruises/ rail):

Places visited:

**Abroad:** Type of holiday:

Places visited:

## 5. EXPECTATIONS IN THE CARE HOME

### What activities would you like to participate in:

Quiz	Yes / No	Reminiscing	Yes / No
Discussion groups	Yes / No	Crafts	Yes / No

### Which outings would you like to participate in:

Church	Yes / No	Theatre	Yes / No
Museums	Yes / No	Trip to seaside	Yes / No
Local garden centre	Yes / No	Local shops	Yes / No
Local farm or zoo	Yes / No		
Other (please state):			

### Are there any groups you would like to participate in:

Garden club	Yes / No	Singing	Yes / No
Computer club	Yes / No	Church	Yes / No
Fine arts club	Yes / No	Keep fit	Yes / No
Creative writing	Yes / No	Board games	Yes / No
Poetry	Yes / No	Card games	Yes / No

### Is there anything that you would like to continue to do:

### Do you want to maintain links with:

Clubs you belong to: Yes / No

If so, which ones:

Church you belong to: Yes / No

If so, which ones:

### Do you want to have:

A daily paper: Yes / No

If so, which ones:

Which days:

Magazines: Yes / No

If so, which ones:

**Would you be able to:**

Play a musical instrument:            Yes / No

If so, which ones:

Demonstrate a skill to others:        Yes / No

If so, which skill:

**6. MY DAILY LIFE** *(there is space at the end of the form for more information)*

**Eating and Drinking**

Food Allergies / Intolerances:

Likes:

Dislikes:

3 Favourite meals:

Favourite pudding:

Favourite drinks:

**I would like you to know:**

**The following routines are important to me:**

**Things that may worry or upset me:**

**What makes me feel better if I am anxious or upset:**

**How I communicate:**

**Other notes about me:**

