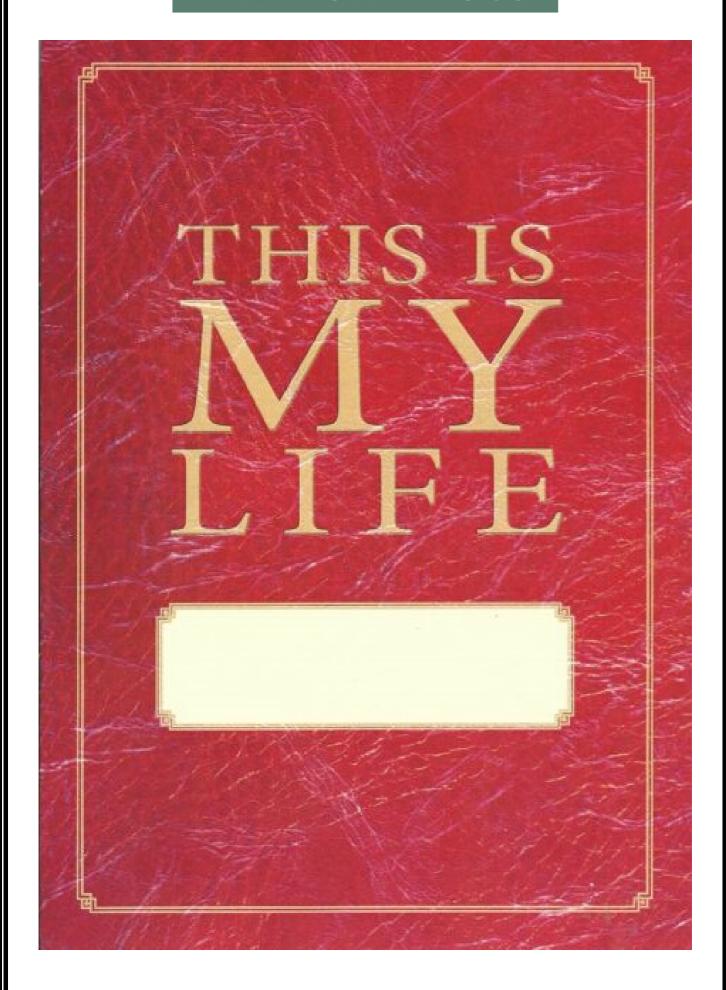
PENPERGWM HOUSE



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:

My Siblings:

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 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:

ChurchYes / NoTheatreYes / NoMuseumsYes / NoTrip to seasideYes / NoLocal garden centreYes / NoLocal shopsYes / 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:	
	ce at the end of the form for more information)
Eating and Drinking	
Food Allergies / Intolerances:	
Likes:	
Diality	
Dislikes:	
3 Favourite meals:	
5 i avodine meais.	
Favourite pudding:	
r avoanto padamig.	
Favourite drinks:	
I would like you to know:	
The following routines are imp	portant to me:
Things that may worry or upse	et me:

What makes i	me feel better if I am a	ınxious or upset:		
How I commu	nicate:			
Other notes a	bout me:			
		7		

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