

TSOLife Resident Profile - Family Member

Resident Name _____

Apt.# _____ Care Level: _____ Move-in Date _____

Completed by _____ Date _____

THE BASICS

Does your loved one have any nicknames? _____

What do they prefer to be called? _____

What is their primary language? _____

Do they speak any other languages? _____

GROWING UP

What is your loved one's birthdate? _____

Where were they born? _____

What was their experience like growing up? _____

What places did they live throughout their life and what were they like? _____

FAMILY

Tell us about your loved one's family. _____

Tell us about their parents. What are their names? What were they like? _____

Does your loved one have any siblings? If yes, what are their names? _____

Is your loved one married? _____

If yes, what is their spouse's name? _____

When is their anniversary? _____

How did they meet? _____

Do they have any children? If yes, what are their names? _____

Do they have any grandchildren/great-grandchildren? _____

CAREER & MILITARY SERVICE

What did your loved one do for work? _____

Companies worked at: _____

Years of service: _____

Year they retired: _____

Did they serve in the military? _____

If yes, what branch? _____

Years served: _____

Rank: _____

Did they serve during any wars or conflicts? _____

Awards/Recognitions Received: _____

Did their spouse serve in the military? _____

EDUCATION

Tell us about your loved one's education.

Education level: _____

What school(s) or college(s) did they attend? _____

What degrees or certifications did they achieve? _____

DAILY ACTIVITIES & INTERESTS

What does a typical day look like for your loved one? Any morning, daytime, or bedtime routines? _____

Hobbies/Activities

What kinds of hobbies or interests does your loved one have?

Do they enjoy watching sports? If yes, what are their favorite sports/sports teams?

Do they like watching movies/television? If yes, what are their favorite movies/TV shows? _____

What board games or card games do they enjoy playing? _____

Are they a member of any clubs? If yes, please list. _____

What kinds of physical activities do they like to do now? _____

Creativity/Arts

Is your loved one interested in any arts? If yes, please list. _____

Do they have any musical interests? If yes, please list. _____

Do they play an instrument? If yes, please list. _____

What is their favorite kind of music? _____

Learning

What does your loved one enjoy studying or what would they like to learn about?

Do they like to read? If yes, list favorite reading materials/genres and favorite author(s).

What kinds of activities would your loved one like to participate in? _____

Are they technology savvy? _____

What technologies do they use? _____

Names of websites they visit/apps they use: _____

FAITH & RELIGION

Does your loved one consider themselves to be a religious person? If yes, what religion or denomination? _____

Do they regularly attend a place of worship? _____

Have they ever held any roles such as choir member, pastor, deacon, Sunday school teacher, etc? _____

What kinds of personal faith activities do they enjoy? _____

Do they enjoy any of the following: (Circle all that apply)

- Bible Study
- Meditation
- Personal Prayer/Prayer Groups
- Music
- Hymn Singing
- Nature

What could we provide to support their spiritual journey? _____

Does your loved one need access to any services or groups? _____

Any dietary restrictions? _____

LOOKING BACK & WITHIN

What would you say your loved one finds fulfilling or gives them a sense of purpose?

Do they participate in any community/charity work or volunteering? _____

What are some places they have traveled? _____

TAKING CARE OF YOU

What is your loved one's personal care routine? _____

Do they use/prefer any of the following? (Circle all that apply)

- Makeup
- Pedicures
- Manicures
- Hair Salon

Is there anything we can do to help keep them comfortable? _____

What calms and/or reassures them in times of stress? _____

DINING

What kinds of foods does your loved one enjoy? _____

Any foods that they don't like? _____

What do they typically eat for their daily meals?

Breakfast: _____

Lunch: _____

Dinner: _____

Favorite snacks: _____

Do they like to cook? _____

OTHER LIKES & DISLIKES, & ITEMS OF NOTE

Does your loved one have any pets? If yes, type of pet and their name:

Have they ever had or worked with any other animals? _____

Are there any animals they are afraid of? _____

Why did your loved one choose to move into a community? _____

Where did they move from? Location or address? Did they rent or own? _____

Why did they choose to move in to this community specifically? _____

FRIENDSHIPS

What are some things you would like others to know about your loved one?

If someone wanted to get to know them and become a friend, what would be the best way? _____
