

SEQUOIA LIVINGSM
Life Services for Seniors
HEALTH SERVICES

Dear resident, family member, friend and/or care partner,

The staff would like to learn more about our residents' Life Stories so we can serve them, and you, better. We know that each one of our residents is unique and has a life rich with experiences, and we hope you can share some of it with us.

We would appreciate your help in filling out the attached Life Story form (3 pages). Feel free to skip a question or add more details as you like. Also, more than one person can complete the form – if you want more copies please let us know.

Thank you,

~~Life Story~~

Name: _____ Birthdate _____

Birthplace: _____

Nicknames/Terms of Endearment: _____

Marital Status: _____ Spouse/Partners Name: _____

Number of Children: _____ Number of Grandchildren _____

Number of Great Grandchildren _____

Name of Children	Age	Spouse	Children's Names	Age
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1. _____

2. _____

3. _____

4. _____

5. _____

CHILDHOOD

Mothers Name: _____ Birthplace: _____ Occupation: _____

Fathers Name: _____ Birthplace: _____ Occupation: _____

Brothers/Sisters: _____

Pets: _____ Early Education: _____

School days, memories, favorite or humorous events: _____

Honors/Awards/Proud Moments: _____

ADOLESCENCE

Name of High School: _____ Favorite Subject: _____

Name of Best Friend(s): _____

Hobbies/Sports/ Interests: _____

High School Memories/ Favorite or Humorous Events: _____

Honors/Awards/ Proud Moments: _____

YOUNG ADULT

Name of College: _____

Clubs/Community Involvement: _____

First Job: _____

Marriage(s)/ Partner(s): _____

Wedding Anniversary: _____

First Date w/spouse/partner: _____

Wedding-day Memories: _____

First Home: _____

Military Service: _____

Occupation/s: _____

Work Years' memories/ favorite or humorous event(s): _____

Special memories about children: _____

Honors/Awards/Proud Moments: _____

MIDDLE AGE

Hobbies: _____

Clubs/Organizations: _____

Community Involvement: _____

Honors/Awards/ Proud Moments: _____

Special memories about grandchildren, favorite or humorous event(s): _____

OLDER ADULTHOOD

Life Achievements and accomplishments: _____

Hobbies: (exercise, arts / crafts, card games / table games, pets, music, reading, TV / Movies, flowers / gardening, etc...) _____

Travel: _____

Special memories about family/favorite or humorous event(s): _____

OTHER MAJOR "INGREDIENTS"

Ethnicity: _____

Religious/Spiritual Background and/or Affiliation: _____

Awards: _____

Special Skills: _____

Favorite Movie Actor/Actresses: _____

Favorite Music Style: _____

Favorite Sports Personality: _____

Favorite Color: _____

Favorite Book(s) _____

Favorite Foods: _____

Favorite Clothing: _____

Other Favorites: _____

Traumas or Tragedies to be aware of: _____

How do they like to spend New Year's Eve? _____

Is the person an optimist or a pessimist? _____

What is their attitude toward money? _____

I would also like you to know the following about this person: _____

Completed By: _____ Relation: _____ Date: _____