



THE TERRACES AT SKYLINE

Personal Reflections

(To be written by primary caregiver, closest relative or friend)

In order to have the best understanding possible of our residents, we ask that you take some time to reflect upon your loved one's life and interests. Please include as much information as is available to you. We welcome your addition of any other information you feel is important for us to know. Please use the reverse side for additional space, if desired.

By providing this information prior to move in, we can help the resident by talking about enjoyable past and present memories. This information is also invaluable in planning daily life patterns and activities.

Resident Name:		Prefers to be called:
List any person, past or present, about whom your family member might speak (mother, father, siblings, children, friends, coworkers, etc.).		
Name	Relationship	Current Residence
Wedding Anniversary:		
Birthplace:		Birthdate:
Where has the resident lived previously?		
Childhood:		
Young Adult:		
Adult:		
Retirement:		

Resident Name:	
Education- highest level completed:	
What type of employment or volunteer work was the resident engaged in for most of life?	
List any areas of special interest the resident enjoys (including memberships in clubs or organizations.)	
Describe any civic, professional or personal awards/recognitions.	
Describe any religious or spiritual convictions.	
Describe any traumatic event that may have affected the resident's life.	
Did the resident enjoy animals? Please list the types of pets and the pets' names.	
List some favorites of the resident:	
Meal:	Foods:
Color:	Sport:

Resident Name:	
Television Shows:	Exercise:
Reading Material:	Movies:
Game/Cards:	
Music:	
Please circle the activities below that interest the resident.	
Community Outings Dining Out Shopping Hairdresser/Barber Visiting friends or family Movies Theater Craft Shows Auto Shows Yard Sales Gardening Walking Cookouts Bird Watching Watching Sports Cooking Cleaning Laundry Art Craft (e.g. knitting, painting, sewing) Music Home Repairs Child Care Floral arranging Other _____	
Personal Characteristics: (i.e. kind, loving, caring, determined, quiet, enthusiastic, optimistic, pessimistic, calm, anxious)	
Please describe your loved one:	

Resident Name:	
Resident was never fond of:	
Form completed by:	Date:
Relationship to Resident:	