



PIECES of my PERSONHOOD

Name (First & Last):		Age:	Dominant Hand: Left	Right
Interviewer(First & Last):		Date:	Form #	of
		d/m/y		
PERSONHOOD	PAST	PRESENT		
Preferred Name				
Preferred Language				
I Am Most Proud to be Known As/For...				
Spirituality/ Religion/Traditions				
Significant Persons in Life/Relationship				
Family Background				
Significant Dates & Meaning				
Pets/Names				
Life Role/ Previous Occupation				
Interests/Hobbies				
Sources of: Hope/ Comfort/Joy/ Inspiration/ Favourite Things				
Dislikes/Fears				
Significant High Point(s) in Life		Potential "Encouragers:		
Significant Low Point(s) in Life/Trauma	Personal care/trauma <input type="checkbox"/> : Environmental <input type="checkbox"/> : Loss Significant Other <input type="checkbox"/> : Other <input type="checkbox"/> : *See Chart for Details <input type="checkbox"/>	Potential Triggers:		
Expression of Emotions				
Coping Mechanisms/ Validation Phrases				
Personal Preferences				
Mealtime Preferences				
Socialization Preferences				
Sleep/Wake Preferences				
Other Pertinent Information				
Consent to Share/Post	Relationship to Individual (Individual/Legal SDM?): Yes, I give permission to release and/or post this information for all care partners in the circle/transition of care. Signature: _____ Date (d/m/y): _____			