## **GETTING TO KNOW ME**

## Let Me Share My Life Story With You

| Name:                                      | Date:  |
|--|--|
| My early home and family life:             | My education and life's work was:  |
| My family and friends:                     | How you can comfort me is:   |
| I lived in the following places:           | My favourite foods are:  |
| I speak the following languages:           | In a typical day, I like to:   |
| My talents, hobbies and interests include: | I like to get up at I like to go to bed at My normal sleep/napping pattern is: |
| Things that give me pleasure include:      | Three words that describe me are:  |
| Things that make me unhappy are:           | Other things I would like you to know about me are:                            |
| I am/have been a part of the               |  |

Adapted for the Provincial Best Practice Algorithm for Accommodating and Managing Behavioural and Psychological Symptoms of Dementia from the Long Term Care Program, Providence Healthcare, Toronto, Ontario & the Helping Elders in Adapt in Residential Transitions (HEART) Team, Vancouver Coastal Health.