

In order to better serve you, please provide as much information about your loved one, so that our staff will become familiar with him/her and can use this information to relate and make connections.

Guest:

Full Name:	Full name: Likes to be called:		
Address:			
Phone:			
Date of Birth:			
Primary Language			
English: Speaks/Understands	Yes	No	Comments:

Person completing form:

Name:	
Address:	
Phone:	
E-mail:	
Relationship to Guest:	
*Primary Caregiver:	
*Relationship to Guest:	

Wears glasses/reading glasses	Yes	No	Wears hearing aid(s)	Yes	No
Wears upper/lower dentures	Yes	No	Wears incontinent product (daytime)	Yes	No
Uses cane / walker	Yes	No	Requires Medications during the day	Yes	No
Uses wheelchair	Yes	No	Diabetic	Yes	No

Please describe how the guest is doing currently in terms of:

Memory <input type="checkbox"/> Early stage <input type="checkbox"/> Middle stage <input type="checkbox"/> Advanced stage	Please elaborate:
Physical well-being	
Behavioral well-being (issues with anxiety, aggression, etc.)	
Communication <input type="checkbox"/> Still verbal (able to communicate needs) <input type="checkbox"/> Non-verbal	
Visual	

Please provide information on any recent changes in terms of: (within the last six months)

<input type="checkbox"/> Physical health <input type="checkbox"/> Recent FALL <input type="checkbox"/> Behavioral health (any destructive or violent behavior to self or others?) <input type="checkbox"/> Medication <input type="checkbox"/> Hospitalizations <input type="checkbox"/> Other challenges	Please elaborate:

Personality & Preferences

Please share the guest's preferences (circle one from each combination that best fits)

Prefers warm temperature		Prefers cold temperature
Being inside		Being outside
Quiet		Busy
Loner		Joiner
Leader		Follower
Work		Leisure
Emotional		Logical
Do More		Talk More
Doer	Talker	Watcher

Important background information from the past or current that is relevant:

Spouse or significant other names	Full name: Likes to be called:
Date(s) married And length of marriage	
Courtship: when, where, typical dates, how they met and anything about this era that evokes pleasant feelings	
Number of children, their location and communication. Actively in contact/involved?	
Parents' names:	Mom: Dad:
Important people in his/her life:	
Number of pets and type of animal(s)	
Home city, state and memories of house, yard, neighborhood	
College-era memories: (if any), city and state of each, area of study, degree(s) received	
Military Service – Specific about branch of service, length of service, war(s) served in (if any), military job, where stationed, if retired (when), etc. *Occupation after military	
Work/career-era memories — be specific about company, roles, duties, number of years in career	
Favorite hobbies, music/songs, sports & leisure activities at this age	
Favorite holiday traditions at this age	
Important personal events, trips or vacations during this era	
Religious affiliation, faith-based activities (name of church, favorite verses or hymns, etc.)	
History mental health or PTSD?	
Notable personal history, or significant life events	

Favorites and Familiars

(past and present)

The people, places and times in their life that are most often mentioned (currently)	
Favorite place(s)—what are some of the places your loved one enjoyed or enjoys visiting the most?	
Favorite types of shows, specific movies, TV shows or favorite stars. What kinds of programs does your loved one enjoy?	
What has worked for you in comforting your loved one when feeling sad, angry, upset or agitated?	

The Glenner Center Experience

How do you think the guest feels about attending the Glenner Center and do you or the guest have any concerns?

What do you think your loved one would enjoy most while attending the Glenner Center?

Is there anything within the Glenner Center that you believe should be avoided for the guest?