Personal Facts and Schedule

The Personal Facts and Schedule form helps to capture who and what is most important in your life. This form is the starting point for collecting the information needed to take full advantage of Visual Memory.

Name:_____

Preferred name:_____

Primary Language:_____

Family/Friends

Marital status: ☐Single ☐Married ☐Divorced ☐Widowed ☐Partner

Spouse's name:_____

Children: (Specify name, age, name of spouse if married, city of residence and if deceased)

Grandchildren: (Specify name, age, name of spouse if married, city of residence and if deceased)

Brothers and Sisters: (Specify name, age, name of spouse if married, city of residence and if deceased)

Significant others and Friends: (Specify name, age, name of spouse if married, city of residence and if deceased)

Of all the family and friends, who visits most often? Do you have a favorite or familiar photo for everyone listed?

Level of Cognition

Do you or does the person you are caring for have problems with any of the following? Please check the answer:

1. Repeating or asking the same thing over and over?

☐Not at all ☐Sometimes ☐Frequently ☐Does not apply

2. Remembering appointments, family occasions, holidays?

☐Not at all ☐Sometimes ☐Frequently ☐Does not apply

3. Writing checks, paying bills, balancing the checkbook?

☐Not at all ☐Sometimes ☐Frequently ☐Does not apply

4. Shopping independently (e.g. for clothing or groceries)?

☐Not at all ☐Sometimes ☐Frequently ☐Does not apply

5. Taking medications according to the instructions?

☐Not at all ☐Sometimes ☐Frequently ☐Does not apply

6. Getting lost while walking or driving in familiar places?

☐Not at all ☐Sometimes ☐Frequently ☐Does not apply

Communication

What communication styles work best? (short sentences, simple words, text, audio?) Hard of hearing?

Daily Routine

Describe a typical day (when, where and what):

Any established routines? (bathing, grooming, toileting, eating, exercise, sleeping)

Bathing:

How is the bath taken? ☐Shower ☐Bath ☐Sponge bath ☐Other

How often? ☐Daily ☐Weekly ☐Other

At what time of day?_____

Grooming:

Which of the following are used or worn?

☐Electric shaver ☐Razor ☐Eyeglasses ☐Hearing aid ☐Dentures ☐Make up ☐Wig

Describe the steps for grooming:

Toileting:

What words or phrases are used for going to the bathroom?

What is the natural schedule for using the bathroom? (time of day, frequency)

Eating:

How often are meals had?_____

At what time of day?_____

Exercise:

Is exercise or physical therapy performed?

How often? ☐Daily ☐Weekly ☐Other

At what time of day?_____

Sleeping Habits:

Wake up time_____ Bedtime_____

Naps_____

Bedtime routine?

Medical History

Record any and all of the following:

Diagnosed diseases:

Recorded surgeries:

Medication allergies:

Food or other allergies:

Immunization records:

Medications

Name_____ Dosage_____

Frequency taken_____ Preferred time of day_____

Name_____ Dosage_____

Frequency taken_____ Preferred time of day_____

Name_____ Dosage_____

Frequency taken_____ Preferred time of day_____

Providers:

Name_____ Specialty_____

Office address_____

Office phone number_____ Office hours_____

Emergency number_____

Name_____ Specialty_____

Office address_____

Office phone number_____ Office hours_____

Emergency number_____

Name_____ Specialty_____

Office address_____

Office phone number_____ Office hours_____

Emergency number_____

Insurance:

Name_____ Type_____

Claims address_____

Group number_____ Member number_____

Phone number_____

Personal History

Date of Birth _____ Place of Birth_____

Completed by:_____ Date completed:_____