Know My Preferences

My name is:

I prefer to be called:

Birthday:

Speech difficulty (Y/N):

Photo Here

**Meals:**

Diet specifics:

Diabetic (Y/N):

Cueing (Y/N):

Requires assistance to eat (Y/N):

Food likes/dislikes:

Other:

**Bathing:**

Time of day preferred (morn, aftn, eve, noc):

Bath or shower preference:

Specific likes/dislikes:

**Sleep:**

Typical waking time/routine:

Typical bed time/routine:

Naps:

Positioning details:

Other:

**Grooming (I-independent, A-assistance):**

 Choose Clothes Dress self Brush teeth Shave

 Wash face Jewelry Comb hair Makeup

Specific likes/dislikes:

**Wears:**

 Glasses Hearing aids

**Dentures:**

 Upper Lower Partial

**Adaptive Equipment:**

 Wheelchair Walker Cane Other:

Activities I enjoy:

Things that calm or soothe me:

For more information about me please talk to:

**The top 5 things to know about me:**

1.
2.
3.
4.
5.

Completed by: Relationship to person:
Date completed: