My Life Story

My name is:

I prefer to be called:

Birthday:

Photo Here

Religious Pref:

Active in faith (Y/N):

Other languages spoken:

Hometown:

Other significant residences:

Education:

Military (branch/details):

My occupation:

Specifics of my occupation (i.e. dairy farmer, typing, filing):

My favorite sweet treat:

My favorite foods/recipes:

My favorite sports team is:

The names and relations of people closest to me include:

1.
2.
3.

Family History:

Mother’s Name:

If deceased, date:

Occupation:

Father’s Name:

If deceased, date:

Occupation:

Sibling Name(s), alive/deceased, age, city/state:

Current marital status (married, widowed, divorced):

 Spouse/companion:

 Spouse/companion birthdate:

 Spouse/companion occupation:

 Date of marriage:

 Death or divorce date, if applicable:

Former marital status (married, widowed, divorced):

Spouse/companion:

 Spouse/companion birthdate:

 Spouse/companion occupation:

 Date of marriage:

 Death or divorce date, if applicable:

Children Name(s), ages, city/state, occupations:

Current Pets:

Previous Pets:

Any family dynamics that prompt either positive or negative feelings:

A life event or memory that makes me smile:

Other events or memories that prompt either positive or negative feelings:

Hobbies and Interests:

Creative:

* Singing/playing music:
* Collections:
* Drawing/painting:
* Woodworking:
* Other:

Intellectual and Spiritual:

* Church/bible study/devotions:
* Reading:
* Word games/puzzles:
* Other:

Life Skills:

* Cooking/baking:
* Homemaking:
* Mechanical:
* Gardening:
* Other:

Physical:

* Sports:
* Dance:
* Outdoor:
* Other:

Social:

* Board/card games:
* Travel:
* Clubs/volunteering:
* Watching television/sports:
* Other:

I become anxious when:

Things that frustrate or agitate me:

Things that calm or soothe me:

Additional information I want you to know about me:

Completed by: Relationship to person: Date completed: