Honor Portrait

We have found through experience the more we know about our residents when they move into an Ecumen community, the better care we can give. Often details of a person's past life; which we never thought of asking about, turn out to be important factors in their happiness here. Your replies are completely confidential and will be used only for professional purposes, this information will help us to better individualize the care. Thank you for your partnership.

Resident Name: _____

Last First Middle (Preferred)

Place of Birth:_____ Nationality: _____

Primary Language:_____ Other Language(s) _____

_____

Most recent address: _____

How Long: _____Lived with: _____

What does "Home" mean to you?

_____

_____

_____

Memorable Childhood Experiences:

_____

_____

_____

_____

Educational/Occupational Background

What is the highest level of education you have completed?

- ☐ Less than High School
- ☐ High School/GED
- ☐ College/Tech School
- ☐ Graduate School

High School/GED: _____

City/State: _____Graduated: ☐ Yes ☐ No

College/Technical School: _____

City/State: _____ Degree/Major: _____

Graduate School: _____

City/State: _____ Degree/Major: _____

What were your jobs or occupations throughout your lifetime?

_____

_____

Which occupation did you enjoy most and why?

_____

_____

Family Background

Fathers Name:_____ Occupation:_____

Mother's Name:_____ Occupation:_____

No. of Brothers: ___ No. of Sisters: ____

Where did you grow up? _____

Names/Locations of Living Brothers/Sisters:

_____

_____

_____

Marital Status: ☐ Single ☐ Married ☐ Separated/Divorced
☐ Widowed ☐ Partner

Current or Most Recent Spouse/Partner Name:_____

Please list previous spouses, partners and significant others:

Name Years Separated/Divorced/Widowed

_____

_____

Do you have children? ☐ Yes ☐ No

Name_____Age or Deceased _____

Name_____Age or Deceased _____

Name_____Age or Deceased _____

Name_____Age or Deceased _____

*If more space is needed, please attach additional information on separate page.

Do you have grandchildren and/or great-grandchildren? ☐ Yes ☐ No

Please list those who may visit or call frequently (name/age): _____

_____

_____

*If more space is needed, please attach additional information on separate sheet.

_____

Military Service

Did you serve in the military? _____

If so, which branch(es):

☐ Army ☐ Navy ☐ Air Force
☐ Marine Corp ☐ Coast Guard ☐ Army/Air National Guard

What was your final rank? _____

Was your service a positive or negative experience? Why? _____

_____

_____

_____

Spiritual/Social/Activities Background

What is your religious affiliation? _____ ☐ None

Place of Worship: _____

City/State: _____ Phone#: _____

Briefly describe the importance of your religion and religious traditions.

Past: _____

Present: _____

How else do you nurture your spirituality? (Music, rosary, prayer rug, etc.)

_____

_____

_____

Please list any memberships or participation in social, community or charitable Organizations:

_____

_____

_____

Check All of the Following which Describes Present Condition:

( ) Sociable	( ) Hears things that are not there	( ) Believes people are against them
( ) Cheerful	( ) Prefers to be Alone	( ) Sees things that aren't there
( ) Independent	( ) Prefers Groups	( ) Depressed
( ) Too Independent	( ) Silent	( ) Worried
( ) Mentally Alert	( ) Cooperative	( ) Poor Judgment
( ) Confused	( ) Reserved	( ) Sensitive
( ) Temper Outbursts	( ) Aggressive	( ) Slightly Forgetful
( ) Cries Easily	( ) Has talked of Suicide	( ) Very Forgetful
( ) Excessive Laughing	( ) Has attempted Suicide	( ) Often Angry
( ) Wants to Get Well	( ) Withdrawn	( ) Easily Fatigued
( ) Noisy	( ) Chronic Complainer	( ) Other:

Daily Routine

Please describe how you want to spend your day. Include awaken/bed times, meals/snack times, rest periods, bathing schedule, hobbies and other routine things that bring meaning to you.

Before 8:00am:

8:00-10:00am:

10:00 – 12:00pm:

12:00 – 2:00pm:

2:00 – 4:00pm:

4:00 – 6:00pm:

6:00 – 8:00pm:

8:00 – 10:00pm:

After 10:00pm:

Leisure Interests
(P = Past Interests, C = Current Interests, N = No Interest)

P	C	N	Activity (Indicate Type)
			Cards: Games played_____
			Games:
			Arts/Crafts:
			Exercise:
			Sports:___played___watches
			Music: (listening, playing, singing) __Country __Spiritual__Classical__Rock___Other_____
			Reading: __Poetry__Novels___Academic___Other_____
			Writing:
			Children:
			Pets:
			Spiritual/Religious:
			Outings:
			Watching TV/Movies (favorite shows, times, channels)
			Gardening/Plants:
			Helping Others/Volunteer Work:
			Parties/Social Events:
			Radio (favorite show, times, channels)
			Hobbies:
			Other:

Food Preferences

Food Likes: _____

Food Dislikes: _____

Snacks between Meals: _____

Bedtime Snack: _____

Describe use of Alcoholic Beverages (if any): _____

Any objections to alcoholic beverages being offered?_____

Sleeping

Usual Bedtime: _____pm Usually Awakens: _____am

If Takes Naps, Time(s): _____

Please Check All that Apply:
( ) Restless ( ) Wandering at Night ( ) Daytime Dozing

Important topics of conversation:

_____
_____
_____
_____

Resident Behaviors – Patterns, Agitations, or Expressions

Please list the Resident's expressive patterns (Ex: wandering, strong physical or verbal contact with others, crying, staring, etc.) _____

_____

_____

List anything that you have found to help when these expressions present themselves (Ex: leaving them alone, a hug, certain reassuring phrases, etc.):

_____

_____

List things that irritate the Resident (Ex: Songs, events, subjects, people, etc.):

_____

_____

_____

Please list things that reassure the Resident (Ex: cup of coffee or tea, cookie, jokes, music, hugs):

List any specific words or expressions used frequently and their meaning:

_____

_____

_____

Describe any strong fears or traumatic life experience that may trigger a negative action or emotion (Ex: animals, water, member of the opposite sex, etc.):_____

_____

_____

_____

Sensory Profile

This section identifies things which may assist the Resident in relaxing and remembering pleasant memories. This information is used to assist Residents in activities and connect with other residents and care givers.

SIGHT: Please describe familiar signs that have offered relaxation (Ex: favorite location in their home, items from childhood, favorite vacation spots, favorite colors, etc.):

_____

_____

_____

HEARING: Describe familiar sounds that provide relaxation or bring pleasant memories (Ex: favorite music, special song, instruments, city or country sounds, etc). Also describe sounds that are not pleasant and should be avoided.

ECUMEN® Awakenings™

_____

_____

TASTE: Describe familiar tastes that may offer comfort or bring pleasant memories (Ex: Favorite foods, foods eaten when sick, or foods seen as “treats”). Are there specific foods associated with “waking up” or bedtime? _____

_____

TOUCH: Please describe how touch has been used within the resident’s family and friends. Does the resident enjoy being hugged? What types of fabrics bring fond memories? Did the resident work with their hands such as sewing, woodworking, handyman, baking, etc?

_____

_____

_____

SMELL: Please describe familiar smells that relax the resident. What aromas were present in the home (Ex: baking, after shave, cleaners, colognes, etc.)? What aromas bring about negative feelings?

_____

_____

_____

_____

Is there anything else that you would like us to know?_____

_____

Completed By: _____Relationship:_____Date:_____