**\*\*Confidential\*\***

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**CIRCLE OF LIFE ALZHEIMER'S HOMES, L.L.C.**

**Susan E. Wielechowski, Director**

**5620 West Corliss Circle Prescott, AZ, 88305**

**(928) 237 4795 susan@circleoflifecare.com** [**www.circleoflifecare.com**](http://www.circleoflifecare.com/)

 Resident’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident Profile**

(Circle of Life Alzheimer's Homes, L.L.C. hereinafter referred to as "COLAH, L.L.C.")

**Name of COLAH, LL.C. Staffer Assisting in Form Completion**

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**Name of Individual Providing Resident Profile Information**

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**Profile Completion Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attach Resident’s Photograph in Frame Date Photograph Taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident’s Biography**

**Nickname (If Any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred to be Addressed as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where Born and Raised\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Important Residences\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Key Past Mental and Substance History**

**Mental Challenges?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so, Please Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Substance?\_\_\_\_\_\_\_\_\_\_\_**

**If so, Please Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family Background**

**Significant or Favorite Childhood Memories\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Special Family Traditions and/or Celebrations That are an Important Part of Your Loved Ones’ Life (holiday, birthday, religious, cultural, untimely passing’s, etc.)**

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**List Significant Others with Their Occupation**

**Name of Current\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Past**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children?\_\_\_\_\_\_\_\_**

**List and Discuss as Needed to Obtain Complete Picture**

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**Grandchildren?\_\_\_\_\_\_\_\_**

**List and Discuss as Needed to Obtain Complete Picture**

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**Great Grandchildren?\_\_\_\_\_\_\_\_**

**List and Discuss as Needed to Obtain Complete Picture**

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**Siblings?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List and Discuss as Needed to Obtain Complete Picture**

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**Education and Occupational Background**

**Education**

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**Occupations**

**Most Recent Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Occupations**

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**Occupation Held for Longest Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year Began\_\_\_\_\_\_\_\_\_\_ Year Ended\_\_\_\_\_\_\_\_\_\_\_**

**Briefly Describe Occupation Most Enjoyed (including to the extent possible, duties, responsibilities, any special memories, awards, recognitions, memberships in any professional organizations, etc.).**

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**Least Enjoyed Occupations and Why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Military or Related Service**

**In Service or Service-related Duties\_\_\_\_\_\_\_?**

**Please Explain if it Was a Positive or Negative Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Spiritual and Social Information**

**Spiritual Association\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Importance of Association\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**List Any Other Ways to Nurture the Resident’s Spirituality (reading, music, rosary, nature, etc.)**

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**Social Organization Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Friends and Activities**

**Details on Close Friends (e.g. where they live, shared activities, current involvement, etc.)**

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**Preferences for Group Settings (Please Circle One)**

**Alone Small Groups Large Groups**

**Details on Leisure Time (Activities/hobbies that give most pleasure and/or relaxation)**

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**Life Skills**

**Circle All Those That Apply**

**Sewing**

**Current Past Not applicable**

**Cooking/Baking**

**Current Past Not applicable**

**Sweeping/Cleaning**

**Current Past Not applicable**

**Gardening**

**Current Past Not applicable**

**Floral Arranging**

**Current Past Not applicable**

**Collecting**

**Current Past Not applicable**

**Office Work**

**Current Past Not applicable**

**Repairing**

**Current Past Not applicable**

**Painting/Arts**

**Current Past Not applicable**

**Mechanical**

**Current Past Not applicable**

**Working on Cars**

Current Past Not applicable

Plumbing

Current Past Not applicable

Woodworking

Current Past Not applicable

Group Interaction

Current Past Not applicable

Music/Singing

Current Past Not applicable

**Trivia**

**Current Past Not applicable**

**Reminiscing**

**Current Past Not applicable**

**Playing with Children**

**Current Past Not applicable**

**Playing Instrument**

**Current Past Not applicable**

**Reading Books/Newspapers**

**Current Past Not applicable**

**Liking Pets**

**Current Past Not applicable**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Physical Activities**

**Circle all that Apply**

**Group Exercise**

**Performs Not applicable**

**Individual Exercise**

**Performs Not applicable**

**Dancing**

**Currently Performs Performed in Past**

**Walking**

**Currently Performs Performed in Past**

**Ping Pong**

**Currently Performs Performed in Past**

**Swimming**

**Currently Performs Performed in Past**

**Golf**

**Currently Performs Performed in Past**

**Bowling**

**Currently Performs Performed in Past**

**Tennis**

**Currently Performs Performed in Past**

**Basketball**

**Currently Performs Performed in Past**

**Other**

**Comments**

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Community Work

**Circle all That Apply**

**Hospital Volunteer**

**Currently Performs Performed in Past**

**Library Volunteer**

**Currently Performs Performed in Past**

**Voter Registration**

**Currently Performs Performed in Past**

**Fund Raising**

**Currently Performs Performed in Past**

**Faith-based Activities**

**Currently Performs Performed in Past**

**Teaching Sunday School**

**Currently Performs Performed in Past**

**Charity Work**

**Currently Performs Performed in Past**

**Outings**

**Shopping**

**Currently Goes Went in Past**

**Plays/Theater**

**Currently Goes Went in Past**

**Parks**

**Currently Goes Went in Past**

**Restaurants**

**Currently Goes Went in Past**

**Other**

**Home-based Entertainment and Games**

**Watches Movies/Slides**

**Currently Only In Past**

**Watches TV**

**Currently Only In Past**

**Watches Presentations**

**Currently Only In Past**

**Plays Card Games**

**Currently Only In Past**

**Plays Checkers or Chess**

**Currently Only In Past**

**Other Home-based Entertainment and Games\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Sleeping**

**Preferred Bedtime**

**Hour\_\_\_\_\_\_\_\_\_\_ Minutes\_\_\_\_\_\_\_\_\_**

**Describe Nighttime Sleeping Pattern (i.e. sleeps through the night, waking at specific times – please list possible causes such as toileting needs, fears, hunger, etc.)**

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List any Seeping “Comforts” (i.e. night light, two pillows, favorite blanket, pajamas, etc.)

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**Bathing**

**Note any Bathing Preference (i.e. shower, bath, sponge bath, soaps, etc.)**

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**Preferred Bathing Time** (Circle each Preferred Potion of Day)

Morning Before Breakfast Evening Before Bed

**Preferred Bathing Frequency (Circle one that is preferred)**

**Daily Every Other Day Weekly**

**Preferred Day\_\_\_\_\_\_\_\_\_\_ Preferred Place**

**24-HOUR ROUTINE**

**In order to better understand the daily routines that are familiar and comfortable for your loved one, this accounting of a typical day will help COLAH, L.L.C. to learn important information.**

**With the details you provide, we can achieve our goal of creating pleasant days for each resident.**

**Knowing the familiar and comfortable routines of your loved one will help our caregivers meet his/her needs. The more we know prior to moving in, the easier the adjustment should be. We appreciate your assistance.**

**Please describe a typical morning’s routine and activities. Include information such as regular waking time, bathing routine, dressing, time of breakfast and favorite breakfast foods, general mood, periods of anxiety or restlessness, naps, preferred snacks, regular activities, etc.**

* Morning - 6:00 AM to 12:00 PM

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**Please describe a typical afternoon’s routine and activities. Include information such as meal time(s), naps, preferred snacks, favorite foods for lunch and dinner, general mood, periods of anxiety or restlessness, regular activities, etc.**

* Afternoon - 12:00 PM to 6:00 PM

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**Please describe a typical evening’s routine and activities. Include favorite snacks, bathing routine and preferences, times they get undressed for the evening, time they go to bed for the night, general mood, periods of anxiety or restlessness, regular activities and routines, etc.**

* Evening - 6:00 PM to 12:00 AM

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**Please describe a typical night’s routine. Include any sleep disturbances, possible reasons for the disturbances, snacks, etc. Please be time-specific whenever possible.**

* Night - 12:00 AM to 6:00 AM

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**Any Additional Comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ATTESTATION**

**Signature of Individual Completing Form**

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**Full Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POA?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**