

## LIFESTYLE PROFILE

### RESIDENT INFORMATION

Name:

Date of birth:

Birth Place:

Nationality:

Preferred Name:

Year arrived in Australia?

Can you read English?

Native Language:

Can you write in English?

Preferred Language:

Any other languages:

I most recently lived at:

Prior to that I lived at:

I retired at the age of:

I retired because:

My English language skills are (highlight or tick)

My English reading skills are (highlight or tick)

None

None

Poor

Poor

Fair

Fair

Good / Excellent

Good / Excellent

### CHILDHOOD INFORMATION

Where did you live as a child:

What level of Education did you receive?

What was your mother's name:

What was your father's name:

Do you have any brothers and sisters?

What are their names?

Special childhood memories: e.g. pets, holiday places, celebrations, significant events:

### ADULTHOOD INFORMATION

Where did you live most of your life as an adult?

What was your occupation?

Do you have any War service/experience?

What are some special adulthood memories?

<b>LIFESTYLE PROFILE</b>		
<b>FAMILY</b>		
Marital status:	Partner's Name:	
Is your partner deceased?	Yes      No	If yes, when?
Date of Marriage:	Place of Marriage:	
How many children do you have?	Boys:	Girls:
Child's name	Where do they live now?	Grandchildren's name
<b>CULTURAL &amp; SPIRITUAL</b>		
Current beliefs are (highlight or tick)		
Roman Catholic	Buddhist	Hindu
Anglican/Church of England	Muslim	Atheist
Uniting Church	Presbyterian	Methodist
Baptist	Jehovah Witness	
Recent Church involvement:		
	Yes	No
My chosen spiritual practices are:		
Meditation	Yes	No
Private Prayer	Yes	No
Attending informal services such as prayer groups, study groups	Yes	No
Visits by specific religious ministers, church representatives or volunteers	Yes	No
Attending formal services	Yes	No
Private religious reading i.e. Bible, Koran etc	Yes	No
Do you have any special religious or pastoral needs or customs which you observe/practice?		
Do you have any food or drink preferences for religious, cultural, or social reasons?      No		
If yes      please specify:		

<b>LIFESTYLE PROFILE</b>					
Do you attend a religious service? If yes, where?	Yes	No			
Which events do you celebrate?	Mother's Day	Father's Day	Your Birthday		
Christmas	Easter	Australia Day	Anzac Day	Remembrance Day	
National Day, if so which	_____				
Other, specify:	_____				
<b>INTERESTS &amp; ACTIVITIES</b>					
In the past I have enjoyed participating in:					
Interacting with children	Yes	No	Happy Hours	Yes	No
Going to Clubs and Hotels	Yes	No			
Eating out	Yes	No			
Entertaining at home	Yes	No			
Socialising using the internet or mobile phone				Yes	No
Visiting or going out with family members or friends				Yes	No
In the past I have enjoyed Membership to groups and clubs:					
Senior Citizens Club	Yes	No	Soroptimists	Yes	No
Freemasons Lodge	Yes	No	Lions	Yes	No
Rotary	Yes	No	Church Groups	Yes	No
RSL	Yes	No	University of the Third Age	Yes	No
Probus	Yes	No	Political Party	Yes	No
What are your <b>current</b> interests and activities?					
Do you smoke?	Yes	No			
Do you drink alcohol?	Yes	No			

## LIFESTYLE PROFILE

Do you enjoy reading?                      Yes                      No

What is your preferred reading material?

Newspaper, specify: \_\_\_\_\_

Magazines, specify: \_\_\_\_\_

Fiction              Non Fiction              Other: specify: \_\_\_\_\_

Do you enjoy music?                      Yes                      No

What is your preferred style of music?

Classical              Jazz              Opera              Country & Western              Musicals              Sing-a-long

Dance                      Rock & Roll              Other, *details* \_\_\_\_\_

Do you like to watch T.V?                      Yes                      No

Which programs do you prefer?

News              Current Affairs              Documentaries              Movies              Soapies

Others, *details* \_\_\_\_\_

Do you enjoy listening to the radio?                      Yes                      No

What is your preferred radio station?                      ABC                      Other \_\_\_\_\_

Did you play a Musical instrument in the past?                      Yes                      No

If yes, specify:

Did you play sport in the past?                      Yes                      No

If yes, specify:

Do you enjoy watching sport?                      Yes                      No

If yes, specify:

Do you support a specific team in your favourite sport?                      Yes                      No

Name specific team:

Which sport:



## LIFESTYLE PROFILE

Do you have any questions or concerns which we can assist you with? Yes      No

If yes, specify:

## SOCIAL AND EMOTIONAL SUPPORT

I like to be able to talk about my problems to people I trust Yes      No

I do not like to talk about my problems to people I do not know Yes      No

I do not like to talk about my problems with anyone Yes      No

I may like to talk about my problems in the future Yes      No

I am still grieving for (can be a person, animal or place-country or home that has had to left)

The things I find hard these days are:

The things that make me sad are:

The things that make me happy are:

I need reassurance, empathy and comfort from staff (please answer YES or NO)

When required (occasionally) Yes      No

Regular (at least weekly) Yes      No

Extensive (at least once a day) Yes      No

Subjects of interest that I like to discuss are:

Date of arrival at Residence:

Completed by:

Designation:

Date:

Signature:

Reviewed by:

Designation:

Date:

Signature: