

LIFE STORY

Resident Name

Age: _____ Circle: Male or Female

Marital Status

Age(s) at which widowed or divorced

Length of time he/she has been single

Date of Admission to Nursing Home:

Where did Resident live just prior to moving into your nursing home?

Support System (children, niece/nephew, friends, other relatives that visit or are involved)

Problem with Supports (for example, an estranged child or spouse)

Physical limitations: Ambulatory; Bed bound; Wheel chair bound; Uses Walker and CG; Able to move about the nursing home in the wheelchair or with walker

ADLs: What can resident do for self-care? (Dress, bathe, toilet, transfer, etc.)

Vision Issues:

Hearing Issues:

Nutritional Status:

Weight: On admission: _____ Current Weight: _____

Communication: can resident talk? Is talk coherent? How does resident make his/her needs known?

Rooming situation: Single Room? Roommate? Problem(s) with Roommate?

Work history:

Hobbies (from early in life to current date):

Favorite pets:

History of interest in music or singing:

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Is there documentation in record of interview with any family members; if so what are the key points they brought up in terms of his/her history? [If no documentation of interview with family members – do an interview to gain information on resident]

Activities that resident is participating in:

Is there Interest in Personal Care? Hair, Nails, Appearance

Does resident have any diagnoses that can cause pain? Does resident experience pain at any level?

Current Behaviors that are not “normal behaviors” (Pacing, Repetitive calling out, aggressive hitting, refusing a bath at times, spitting, swearing, twitching, - things you might say “she always does that”)

Things that are known to “set him/her off”

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Key Diagnoses: (for example, diabetes, mild **dementia**, **CHF**, **COPD**)

Date first put onto antipsychotic medication (if known, or else “long term treatment”)

Name(s) of Antipsychotic Medications and dose/times of the medications:

Care Plan:

Current list of interventions from Care Plan (or Tip Sheet) that are to be used to help resident when resident exhibits unwanted behaviors: **(Positive Alternative Activities)**

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|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

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