

Biography Based Care®

Biography Template

Loved one's Full Name		Likes to be Called		Date of Birth	
Primary Caregiver Name		Relations hip to Patient		Caregiver phone number	

Wears glasses/reading glasses	Yes	No	Wears hearing aid(s)	Yes	No
Wears upper/lower dentures	Yes	No	Wears incontinence product daytime	Yes	No
Uses walker/cane	Yes	No	Wears incontinence product nighttime	Yes	No
Uses wheelchair	Yes	No	Diabetic	Yes	No

Early Childhood/Young Adulthood (*Birth to 17 years old*)

Years: 19____ to 19____

Parents' names	Mom: Dad:
Grandparents names	Grandmothers: Grandfathers:
Siblings' names. and birth order (from oldest to youngest including your loved one)	Note: sister or brother:
Pet names and type of animal(s)	
Name of elementary and high schools attended, city and state of each. Any specific school age memories	
Home-city, state and memories of houses, yard, neighborhood	
Favorite hobbies, music/songs, sports & leisure activities at this age	
Favorite holiday traditions at this age	
Trips or vacations during this era	
Faith based activities (name of church, favorite verses or hymns etc.)	
Family car, first car	
Notable personal history, or significant events at this age, best friend(s) at this age	

Early Adulthood (18 to 50 years old)

Years: 19__ to 19__

Spouse or significant other names	Full name: Likes to be called:
Date(s) married and length of marriage	
Courtship: when where, typical dates, how they met and anything about this era that evokes pleasant feelings	
Children's names and birth order from oldest to youngest and place of residence currently	Note: son or daughter
Routines at this age: dressing, grooming, sleeping and eating habits	
Work or career during this era – be specific about company, role, duties	
Military Service during this era. Specific about branch of service, length of service, war(s) served in (if any), military job, where stationed, if retired (when), etc.	
Name of college attended (if any), city and state of each, area of study, degree(s) received, specific college era memories	
Home-city, state and memories of houses, yard, neighborhood	
Favorite hobbies, music/songs, sports/ leisure activities at this age	
Favorite holiday traditions from this era	
Trips or vacations during this time frame	
Faith based activities (name of church, personal involvement role, such as usher, choir), favorite verses/hymns)	

Notable personal history, or significant events at this age	
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Late Adulthood (*50 to present years old*)

Years: 19__ to: Present

Names of grandchildren List grandchildren in order from oldest to youngest.	
Routines during this time; dressing, grooming, sleeping and eating habits	
Work or career during this era – be specific about company, role, duties, general dates of employment. For retirement years, describe a typical day	
Home-city, state and memories of houses, yard, neighborhood	
Favorite hobbies, music/songs, sports or leisure activities during this time frame	
Favorite holiday traditions at this age	
Favorite trips or vacations during this era	
Faith based activities (name of church, personal involvement role, favorite verses or hymns etc.)	
Notable personal history, or significant events at this age	

Favorites and Familiars

(past and present)

<p>Shampoo/Soap</p> <p>Aftershave</p> <p>Lotion</p> <p>Toothpaste</p>	
<p>Morning routine - what time usually Rises? Shower? Shave? Exercise? Breakfast?</p>	
<p>Bathing preference (bath or shower, am or pm, how frequently)</p>	
<p>Hair Style (how do they like to wear it, have it styled, how often cut)</p>	
<p>Facial care</p> <p>Make up (what and how) or shaving (electric or razor, how and when)</p>	
<p>Evening routine - what time usually Retires? Watch TV? Read? Listen to Music? Toileting (brush teeth, etc.)?</p>	
<p>Sleeping habits/patterns - typical length of nighttime sleep? Naps during day? Night light? Able to go to toilet alone?</p>	
<p>Breakfast food and drink - what is a typical breakfast meal for your loved one and what time do they usually eat it?</p>	
<p>Lunch food and drink - what types of items (sandwiches, soups, fruit?) does your loved one usually have for lunch and about what time?</p>	

Dinner food and drink - what is a normal dinner meal for your loved one? What time is it usually served?	
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Favorites and Familiars (continued)

(past and present)

<p>Desserts – what are examples of your Loved one’s favorites (fruit, ice cream, cookies, pies, cakes – what kind?)?</p>	
<p>Snacks – what are some favorite snack foods (popcorn, fruit or vegetables, cookies, cheese and crackers) and beverages (coffee, tea, lemonade, fruit juice, milk)?</p>	
<p>Most comfortable attire while awake – what is your loved one used to wearing every day – what is easiest for this person to get in and out of?</p>	
<p>Preferred sleeping attire – what does your loved one normally wear to bed (pajamas or nightgown, sweatpants, shorts)?</p>	
<p>Favorite types of shows, specific movies/ TV shows or favorite stars – what kinds of programs does your loved one enjoy?</p>	
<p>Favorite place(s) – what are some of the places your loved one enjoyed or enjoys visiting the most?</p>	
<p>The people, places and times in their life that are most often mentioned (currently)</p>	
<p>The times of day or specific activities that are most engaging (currently) for your loved one are;</p>	

The most effective ways to comfort your loved one when they are sad, angry or upset:

Additional Biographical Notes:

Completed by: _____

Contact Phone #: _____

Relationship to patient: _____

Date: _____

Completed by: _____

Contact Phone #: _____

Relationship to patient: _____

Date: _____