

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Summerhill Assisted Living**  
**Please tell us a bit more about yourself**

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

What I prefer to be called: \_\_\_\_\_

Morning Routine/Activities?

\_\_\_\_\_

Evening Routine/Activities?

\_\_\_\_\_

Bedtime Routines?

\_\_\_\_\_

Needs Assistance With?

\_\_\_\_\_

Food Preferences (ie: coffee/tea w/milk, cream, sugar, etc.)?

\_\_\_\_\_

Food Dislikes?

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Family Traditions?

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Hobbies and Special Interests?

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Music Preferences?

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Places that you like to go and where like to shop?

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