



Royalton Woods
Person Centered Care Information

Name _____ Room # _____

Date _____

- 1. Prior living arrangements: House _____ Apt _____ Other facility _____
a. Did you live: Alone _____ With Family _____ Other _____
2. Birthplace: _____
3. Church Name: _____
4. Married? Yes ___ No ___ Number of Years Married _____ Spouse's Name _____
Spouse's Date of Death _____
5. Children? Yes _____ No _____ Names: _____
Other Family/Friends _____
6. Do you have friends at Royalton Woods? _____
7. Education: _____ Former Occupation: _____
8. Did you serve in the military? Yes ___ No ___ What Branch? _____

Meals:

- 1. What time do you usually eat Breakfast? _____ Lunch? _____ Dinner? _____
2. Do you still cook? _____ Use Microwave Dinners? _____ Meals on
Wheels? _____ What do you like to cook/eat? _____
3. What foods do you not like to eat? _____
4. What foods do you enjoy? _____
5. What beverage do you prefer? Breakfast _____ Lunch _____ Dinner _____
Snack _____
6. Do you enjoy socializing during or after your meals? _____
7. What snacks do you enjoy? _____

General:

- 1. What room temperature makes you feel most comfortable? _____
2. What type of clothes/shoes do you prefer to wear? _____
3. What scents (if any) offend you? _____ Enjoy? _____
4. Please list any jewelry, perfumes / colognes or makeup you wear daily?

5. Are you right handed? ___ Left Handed? _____
6. What is your favorite holiday? _____
7. What community or church groups do you belong to? _____
Would you like to host a group meeting at Royalton Woods? _____
8. Do you like to go outdoors? _____ If so, to do what, when and how often?

9. Please identify any "spiritual" daily routines you would like to continue and how we can
help? _____
10. Do you like animals? _____ What is your favorite? _____
11. Describe a typical day at home _____
12. Please identify other ways we can make you more comfortable _____

This Section for Residents receiving Assistance only:

Bed Time/Wake Up Time

1. What time do you prefer to wake up/get up? _____
 2. Do you prefer to wake up naturally, or with an alarm clock? _____
 3. If you are still asleep at the above time, would you prefer us to wake you? _____
 4. What time do you prefer to get ready for bed? _____
 5. What time do you go to sleep? _____
 6. Do you sleep with a night light? _____
 7. Do you have customs or routines at bed time that you are used to? _____
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Bathing/Dental Hygiene

1. What days do you prefer to bathe? _____
2. What time do you prefer to bathe? _____
3. Do you prefer a tub-bath _____ or shower _____?
4. How often do you prefer your hair washed? _____
5. Do you have special soaps or shampoos you use? _____
6. Will you be using our style shop? Yes _____ No _____
7. Will you continue to use your own stylist? Yes _____ No _____
8. Do you have dentures? Yes _____ No _____ Partial _____
9. Do you remove them daily? Yes _____ No _____ Sometimes _____
10. If you have dentures, do you use an adhesive? Yes _____ No _____
11. Do you presently receive manicures? Yes _____ No _____ Pedicures? Yes _____ No _____
12. Do you wear hearing aides? Yes _____ No _____ Are you able to put them in by yourself? Yes _____ No _____ Change batteries yourself? Yes _____ No _____
13. Do you wear glasses? All the time _____ Only for reading? _____

Transportation/Activities

1. Will you be using our transportation for Shopping? _____ Post Office/Bank? _____ MD Appointments? _____ Other? _____
2. What type of Activities will you enjoy most? Entertainment? _____ Outings? _____ Crafts? _____ Bingo? _____ Cards and Games? _____ Fitness? _____ Other? _____

Our goal is to make your new home comfortable. If there is any other information that you can share to assist you in meeting our goal, please fill in below. Thank you for choosing Royalton Woods!

This information will only be shared with appropriate staff.

