Please download as many chapters as needed and make your own Personal History folder.

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Chapter 1

(First Name)

(Middle Name or Initial)

(Last Name)

Prepared on (date): ____________________________

Prepared by: ____________________________

Relationship to me: ____________________________

My phone: ____________________________

Date of Birth: ____________________________

Place of Birth: ____________________________

Home Address: ____________________________

___________________________________________

Email: ____________________________

Support person’s name: ____________________________

Phone: ____________________________

Email: ____________________________

A recent photograph is attached: YES NO

Registered to vote: YES NO
What Describes Me?
I am most often:
_____________________________________________________________________
_____________________________________________________________________

I might become upset if the following happens:
You are upset with me, don’t listen to what I am saying or if you are mad with me, don’t like me or are afraid of me. I cannot always tell how people are feeling as soon as I walk into a room. If you don’t like me I might feel it we will have a hard time working together.

I also become upset when I am confronted. Confrontation makes me very anxious and upset. I like to be offered choices. I don’t like being yelled at. There are times I do things that I really don’t know I did or I am so worried it will disappoint someone, that I cannot control my behavior when confronted.

I can also become upset if I find food that I am not supposed to have and someone tries to take it away or confronts me about having the food. It is best for me when you support me to prevent this from happening. If it is not going to hurt me, just let me eat it and work out the calories later.

When I become upset, this is what I look like (this is what happens):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Some of the things that help me to calm down (or comfort me) are: Compassion and understanding. Don’t try and touch me when I’m upset, just give me some time to pull it together. You could also help by:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Things that make me happy are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Things that make me sad are:
________________________________________________________________________________
________________________________________________________________________________

Things that scare me are:
________________________________________________________________________________
________________________________________________________________________________

I like to be prepared! Ways to help me prepare for scheduled events are: ______________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Things that help me deal with a loss (loss of family member(s), loss of staff, loss of a friend, or loss of a pet, or loss of a staff person or friend due to a change of job or death) are:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Understand that I can have the feelings just as you do. I miss people that I have worked with and it makes it hard for me to trust the next person that comes in to work with me.

I don’t like change and I want to have meaningful relationships in my life just like you. Think about how you would feel if you lived with important people in your life that left all the time.

If I lose one of my parents, I will need much support. Some people like to be hugged, but not all people with PWS like physical contact.

I am someone who does/does not like to be hugged.

Some things that help me prepare for and deal with change:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Things that motivate me (help get me going): ____________________________________________
After I’ve accomplished a task, or done something well: Positive feedback helps a lot, but it must be sincere. I will know if you are just going through the motions. Again, if you don’t feel it, don’t do it.

To let me know I’ve done something well, I like it when:


If I should make a mistake or fail at something, I like it if:


If I get angry or upset I like it if:


When communicating with Me
The best way for me to understand what you say is: To just talk to me and then give me the time I need to process what you have said. You can ask me what you said, if you think I did not hear you. Please do not say too much in one sentence and do not talk to me like I am not intelligent, I am, but I need time to think about what you have said and reply appropriately.

The best way for you to understand what I say is: to let me talk and you listen without interrupting me. Give me time to tell you what I need to say.

Tools that help me communicate include: Listening to what I say. If I make requests that can’t be filled, please don’t just say “no”, tell me when or if not possible, then explain it to me in a way I will understand. I also do better with, “We will see”, or “I’ll have to think about it.”

The way I communicate includes: Talking and body language

I wear glasses: YES NO
I wear contact lenses: YES NO
I wear a hearing device: YES NO

Other special equipment I use: ______________________________________________________

I remember and/or learn best by: Watching, being given time to process and repetition. Pictures also help me understand processes.
My Family Tree

The members of my family (parents, brothers, sisters, others) are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Relationship</th>
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<tbody>
<tr>
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</tbody>
</table>

Comment
(If needed attach birth and marriage certificates, identity card etc.)

There is a history of certain medical conditions in my family. Specifically:

________________________________________________________________________________
________________________________________________________________________________

My family celebrates the following events (birthdays, holidays, anniversaries):

________________________________________________________________________________
________________________________________________________________________________

I would like to continue participating in the following celebrations during the year:

________________________________________________________________________________
________________________________________________________________________________

I would like to increase my participation in the following celebrations:

________________________________________________________________________________
________________________________________________________________________________

My close friends include:

________________________________________________________________________________
________________________________________________________________________________
Other important people in my life are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Known From</th>
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<tbody>
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</table>
Chapter 2 My Possessions & Interests

My possessions are very important to me.

I own the following: ____________________________________________________________

_____________________________________________________________________________

I would be “lost” without these possessions:

_____________________________________________________________________________

Habits and/or routines I have are: ________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

I like to do the following, on my own: ______________________________________________

_____________________________________________________________________________

With others, I like to do the following: _____________________________________________

_____________________________________________________________________________

When I’m at home, I like to: ______________________________________________________

_____________________________________________________________________________

When outside the home, I like to: __________________________________________________

_____________________________________________________________________________

When I’m at home, I don’t like to: _________________________________________________

_____________________________________________________________________________
When out in the community, I don’t like to: ________________________________________________
_____________________________________________________
_____________________________________________________

When out in the community, I need help with: ________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

Some of my favorite recreation and/or leisure activities are: ________________________________
_____________________________________________________

Some recreation and/or leisure activities I don’t like are: ________________________________
_____________________________________________________
_____________________________________________________

Recreation and/or leisure activities I need assistance with: ________________________________
_____________________________________________________

My favorite places to visit are: ________________________________________________
_____________________________________________________

The people I like to go places with are:

Name: ________________________________
Relationship: ________________________________
Phone #: ________________________________

Name: ________________________________
Relationship: ________________________________
Phone #: ________________________________
Name: _____________________________________________________
Relationship: _______________________________________________
Phone #: ____________________________________________________

Activities that are good for exercise that I like, include:
________________________________________________________________________________
________________________________________________________________________________

My daily exercise routine is: ___________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

I belong to a library: YES NO

If yes, the name and location of the library are: ___________________________________________
________________________________________________________________________________

I go to the following club(s): _________________________________________________________
________________________________________________________________________________

**Food Interests**

I like to eat the following foods: _____________________________________________________
________________________________________________________________________________
________________________________________________________________________________

I don’t like the following foods: _____________________________________________________
________________________________________________________________________________
________________________________________________________________________________

I like to eat out occasionally at: _____________________________________________________
________________________________________________________________________________

I am on a special diet: YES NO

My diet plan is attached.
Additional information regarding my diet: ____________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
Chapter 3 Home

I currently live at: _____________________________________________
___________________________________________________________

This address is my family home / my residence

I live with: __________________________________________________
___________________________________________________________

I share a room: YES NO

If yes, I share my room with: __________________________________

I have the following pets where I live/at my parent’s home:
___________________________________________________________
___________________________________________________________

Comments about my current living situation: __________________________
___________________________________________________________

People I like to visit are: _________________________________________
___________________________________________________________

In the future, I would like to live: _________________________________
___________________________________________________________

Features my home should have to meet my needs, include:
___________________________________________________________
___________________________________________________________
Household Tasks

I am able to do the following household tasks: ________________________________

_______________________________________________________________

I enjoy doing the following household tasks: ________________________________

_______________________________________________________________

I will need some assistance with the following household tasks: ______________

_______________________________________________________________

I prefer not to do the following household tasks: ________________________________

_______________________________________________________________

When it comes to food preparation and clean up, I always need someone to be with me so I can:

_______________________________________________________________

_______________________________________________________________

I need assistance with the following: ______________________________________

_______________________________________________________________

I would like to learn how to: ____________________________________________

_______________________________________________________________
Chapter 4 Current Educational / Employment Status

School

Name: __________________________

Address: __________________________________________

Contact Details: _______________________________________

Principal: ____________________________________________

Program: ____________________________________________

Or

Employer / Service Provider

Name: ________________________________________________

Address: ______________________________________________

Contact Details: _________________________________________

Key Person: ____________________________________________

Program: ____________________________________________

An Individual Plan is attached (if applicable): YES  NO

A transition plan is attached (if applicable): YES  NO

A Psychological Evaluation is attached (if applicable) YES  NO

An IQ or comparable test is attached (if applicable) YES  NO

I learn best when/by: ____________________________________

_______________________________________________________
My future education/employment/day program needs include: ________________________________

__________________________________________________________________

__________________________________________________________________

Additional information regarding my educational experience:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Typical Day

I have a job: YES NO

If yes: Competitive Employment: YES NO

Supported Employment: YES NO

I work _______ days per week, for ______________ hours each day.

I travel to and from work with ________________________ / independently.

My work involves:

__________________________________________________________________

__________________________________________________________________

I go to a day program: YES NO

I attend the day program ___________ days per week, for ______________ hours each day.

My program involves:

__________________________________________________________________

__________________________________________________________________
I am a volunteer: YES NO

I work as a volunteer ____________ days per week, for ______________ hours each day.

My occupation involves:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

In the future, I would like the following type of employment, volunteer work and/or day program:

______________________________________________________________________________

______________________________________________________________________________

Past experiences with employment, volunteer work, and/or day programming that you should be aware of are:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Chapter 5 Health Care History, Needs and Current Services

My diagnosis is:

______________________________________________________________________________

______________________________________________________________________________

Other medical conditions I have include:

______________________________________________________________________________

______________________________________________________________________________

**Primary doctor(s) information:**

Doctor’s Name: ___________________________ Specialty: ___________________________
Address: __________________________________
Phone: ___________________________ Email: ___________________________

My past experience with this doctor can be described as:

______________________________________________________________________________

______________________________________________________________________________

Doctor’s Name: ___________________________ Specialty: ___________________________
Address: __________________________________
Phone: ___________________________ Email: ___________________________

My past experience with this doctor can be described as:

______________________________________________________________________________

______________________________________________________________________________

Doctor’s Name: ___________________________ Specialty: ___________________________
Address: __________________________________
Phone: ___________________________ Email: ___________________________

My past experience with this doctor can be described as:

______________________________________________________________________________

______________________________________________________________________________
Doctor’s Name: ____________________________ Specialty: ____________________________
Address: ____________________________________________ Phone: ___________________________
Email: __________________________________________

My past experience with this doctor can be described as:
____________________________________________________________________________________
____________________________________________________________________________________

Dentist information:

Name: ____________________________________________ Address: ____________________________
Phone: ____________________________ Email: __________________________________________

My past experience with this doctor can be described as:
____________________________________________________________________________________
____________________________________________________________________________________

Other health care service providers I see (have seen) include:

Name: ____________________________________________ Address: ____________________________
Phone: ____________________________ Email: __________________________________________

My past experience with this care provider can be described as:
____________________________________________________________________________________
____________________________________________________________________________________

The medications I currently take are:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Number</th>
<th>Time Taken</th>
<th>Prescribed for</th>
<th>Prescribed by</th>
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</tbody>
</table>
Medications I need to avoid and why:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Reason for Avoiding</th>
<th>Prescribing Doctor</th>
</tr>
</thead>
<tbody>
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</table>

The pharmacy I prefer using is:
________________________________________________________________________
________________________________________________________________________

My known allergies include:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I use the following equipment to help with my vision/sleeping/hearing/mobility and/or other needs:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Regarding caring for my special equipment, I need help to:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I have a history of seizures:  

YES  

NO

If yes, my seizures are best described as follows:

Frequency:  

Type:  

Description:  

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Before I have a seizure I: __________________________________________

____________________________________________________________________

After I have a seizure: _____________________________________________

____________________________________________________________________

Operations/procedures/illnesses I have had in the past include:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

My sleeping habits (snore? Get up to go to the toilet? Like to sleep with the window open etc)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Other important medical information:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Chapter 6 Personal Care

Height ____________________________________________

Weight__________________________________________

Clothing Size (top)________________________________

Clothing Size (bottom)______________________________

Shoe Size________________________________________

The history of my weight is:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I am sensitive about my weight YES/NO

I appreciate being assisted with the following personal care needs:

________________________________________________________________________________

________________________________________________________________________________

I can independently do the following personal care tasks:

________________________________________________________________________________

________________________________________________________________________________

It helps if someone reminds me to do the following personal care tasks:

________________________________________________________________________________

________________________________________________________________________________

I am used to using the following personal care items:

________________________________________________________________________________
Typically, my personal care routine includes:
__________________________________________________________

______________________________________________________________________

My favorite clothes to wear (including hats, shoes, etc.,) include:
______________________________________________________________________
Chapter 7  Financial Information
I have the following private health insurance (i.e. health, dental, life other):

Type of Insurance _________________________ Card Number _________________________

Additional income and/or assistance(s) information as follows: _________________________________
____________________________________________________________________________________

The following are bank accounts I have in my own name, NOT Special Needs Trust:

Type of Account  (i.e. Cheque, savings, etc) ________________________________________________

Name on Account ________________________________________________________________

Account No. ________________________________________________________________________

Bank Name ________________________________________________________________

Bank Location ______________________________________________________________________

Phone Number ______________________________________________________________________

My personal income includes: _______________________________________________________
________________________________________________________________________________

My weekly pay/allowance is:
________________________________________________________________________________

I use my money for:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
I do my own banking: YES NO
I am able to make change: YES NO
I understand the value of money: YES NO
I am able to use my own money wisely: YES NO
I need help with the following:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Chapter 8  People Who Assist Me

I receive support from the following organisation(s): _____________________________________________________________
__________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Organisation’s Address</th>
<th>Organisation’s Phone Number</th>
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<tbody>
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</table>

My key support person is: ____________________________________________________________

I have a 3rd Party Special Needs Trust:  

YES  NO

My Trustee is: ____________________________________________________________

Trustee’s Address ____________________________________________________________

Trustee’s Phone Number ____________________________________________________________

I have a 1st (Self Settled/OBRA/Pay Back) Special Needs Trust:  

YES  NO

My Trustee is: ____________________________________________________________

Trustee’s Address ____________________________________________________________

Trustee’s Phone Number ____________________________________________________________

My attorney whom you may contact regarding my Special Needs Trust is: ______________________

__________________________________________________________

Attorney’s Address ____________________________________________________________

Attorney’s Phone Number ____________________________________________________________
I am my OWN guardian: YES  NO

My Guardian is (proof of guardianship papers should be attached):

______________________________________________________________

Guardian’s Address ___________________________________________

Guardian’s Phone Number _______________________________________

Type of Guardianship: Person Estate

Limited  Plenary (Full)

If Limited, please explain what limited to: ______________________________

______________________________________________________________

County of guardianship: _________________________________________

(Remember to attach a copy of the Court Order AND a copy of the most recent Annual Report)

My Successor Guardian(s) is/are:

______________________________________________________________

Successor Guardian’s Address _____________________________________

Phone Number _______________________________________

My Agent for my Power of Attorney for Property is:

______________________________________________________________

Agent’s Address ______________________________________________

Agent’s Phone Number __________________________________________

My Successor Agent for my Power of Attorney for Property is:

______________________________________________________________
Agents’ Name______________________________________________________________

Agent’s Address____________________________________________________________

Agent’s Phone Number _______________________________________________________

My Agent for my Power of Attorney for Health Care is:

Agent’s Name ____________________________

Agent’s Address__________________________________________________________________

Agent’s Phone Number _________________________________________________________

My Successor Agent for my Power of Attorney for Health Care is:

______________________________________________________________________________

Agent’s Address____________________________________________________________________

Agent’s Phone Number _________________________________________________________

(Remember to attach a copy of both the Power of Attorney for Property and the Power of
Attorney for Health Care.)

I have a Living Will: YES NO

If yes, you can find the original at: ____________________________

(Remember to attach a copy of the Living Will.)

I have a Will: YES NO
If yes, you can find the original at: ________________________________________________

(Remember to attach a copy of the Will.)

I have made the following funeral arrangements (burial, cemetery plot, cremation, financial plan, type of service) and/or I have the following preferences:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Chapter 9  Some Final Thoughts

One thing I would like you to know about me is: ____________________________________________
____________________________________________________________________________________

Things my parents/guardians would like you to know:
____________________________________________________________________________________
____________________________________________________________________________________

Some of my future hopes and dreams include the following:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Some of my parents’/guardians’ hopes & dreams for me include the following:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

This document is an adaptation of the Life Plan created by Kate Beaver (USA). It has been modified, with her permission, by the Famcare Committee for Famcare (IPWSO).
Chapter 10  Religion/Spiritual

I belong to the _______________________________ faith.

I worship/pray at:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Contact Information for the above:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
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</table>

I participate by:  ____________________________________________________________

My friends from my place of worship include:

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
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1)    |     |                 |
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