

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

INDEX

Chapter 1	About Me	p.2
Chapter 2	My Possessions & Interests	p.8
Chapter 3	Home	p.12
Chapter 4	Current Education or Employment Status	p.14
Chapter 5	Healthcare History, Needs & Current Services	p.17
Chapter 6	Personal Care	p.21
Chapter 7	Financial Information	p.23
Chapter 8	People who assist Me	p.25
Chapter 9	Some Final Thoughts	p.29
Chapter 10	Religion/Spiritual	p.30

About me...

Chapter 1

(First Name)

(Middle Name or Initial)

(Last Name)



Photo

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



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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): _____



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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.



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

My Family Tree

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

	Name	Address	Phone	Relationship
1)				
2)				
3)				

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

Other important people in my life are:

	Name	Address	Phone	Known From
1)				
2)				
3)				

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: _____



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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 #: _____



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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.



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

Additional information regarding my diet: _____



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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: _____



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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: _____



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:

<u>Medication</u>	<u>Dose</u>	<u>Number</u>	<u>Time Taken</u>	<u>Prescribed for</u>	<u>Prescribed by</u>
-------------------	-------------	---------------	-------------------	-----------------------	----------------------

1)

2)

3)

4)



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

Medications I need to avoid and why:

Medication Name

Reason for Avoiding

Prescribing Doctor

1)

2)

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: _____



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

Typically, my personal care routine includes: _____

My favorite clothes to wear (including hats, shoes, etc.,) include:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

- | | | |
|---------------------------------------|-----|----|
| 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): _____

Organisation's Address

Organisation's Phone Number

1)

2)

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 _____



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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:



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted. This document has been adapted from the original by Kate Beaver (PWSA USA) for IPWSO use.

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).

(if applicable)

Chapter 10 Religion/Spiritual

I belong to the _____ faith.

I worship/pray at:

Contact Information for the above:

Name	Address	Phone Number
------	---------	--------------

Name	Address	Phone Number
------	---------	--------------

I participate by: _____

My friends from my place of worship include:

	Name	Sex	Contact Details
1)			
2)			