



Patient Personal Life History for Care Providers
 Hospital and/or Home Based
Addendum Health Care Proxy

Recent Picture	<i>Please Print</i>
	Full Name:
	Likes to be called:
	Language(s) spoken [primary first]:
	Retired: Yes <input type="checkbox"/> or No <input type="checkbox"/> or Neither, not working <input type="checkbox"/>
	If no (retired), Occupation:
Younger Picture	If yes (retired),
	Occupation(s) prior to retirement:
	Occupation(s) post retirement:
	Very picky/concerned about:
	One more thing:
Family:	Wife/Companion: Yes <input type="checkbox"/> or No <input type="checkbox"/>
	If yes, name:
	Children: Yes <input type="checkbox"/> or No <input type="checkbox"/>
	If yes, name(s):
	Grandchildren: Yes <input type="checkbox"/> or No <input type="checkbox"/>
	If yes, name(s):
	Pet(s) : Yes <input type="checkbox"/> or No <input type="checkbox"/>
	If yes, kind(s)/name(s):
Member/Volunteer:	Involved with group(s)/organization(s): Yes <input type="checkbox"/> or No <input type="checkbox"/>
	If yes, groups/organization(s):
Favorite Activity(s):	
Favorite Sport(s):	
Favorite Book(s):	
Favorite Movie(s):	
Hobby(s):	
Other:	
(use reverse side too)	Courtesy of Carol L. Bluestein—Inspired by Women’s Voices, Women’s Visions 2014