



My Personhood Summary[©]

Name:

Pronoun(s)/Prefix(es):

DOB (dd/mm/yyyy):

Dominant Hand: Right Left

Who I Am Now	
Preferred name:	Language(s):
Gender identity:	Sexual orientation:
Things that I am good at and/or best known for (strengths, abilities, etc.):	
The following people and pets are important to me (names, roles, details):	
What I believe and practice (cultural, spiritual, religious; morals, values and traditions):	
My daily routine (preferences related to sleep/wake, personal care, appearance, practices, etc.):	
Food, drink and mealtime preferences:	
About My Past	
Where I grew up/lived (building types, communities, cities):	
Who I spent my time with (relationships, family history):	How I spent my time (life roles, occupations):
My high points in life (events, achievements, experiences, significant dates):	My low points in life (loss, death, significant dates, strained relationships, trauma, environmental events):
	For additional details, refer to (chart, care plan, care partners, etc.):



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My Social, Emotional & Environmental Preferences

Social (hobbies, interests, meaningful activities, communication styles/interaction/group size preferences, etc.)

Emotional (sources of comfort/discomfort, affection, reassurance, safety, motivation, joy, stress, grief, fear, etc.)

Environmental (use of sensory aids; considerations for personal space, placement of objects, etc.)

Likes:

Dislikes:

Other Things You Should Know

Expressed Consent

I consent to:

Post this information in the following location(s) (e.g. on closet door, on wall in room):

*Consider removal of personal identifiers (e.g. DOB) and sensitive information prior to posting.

Consent obtained from:

Individual Substitute Decision Maker

Name (print):

Signature: *J. Rosen*

If unable to obtain written consent, verbal consent

received by:

Name (print):

Signature:

6. Form Completed by

Name:

Organization:

Email Address:

Phone Number:

Signature: *Sarah Snicker*

Date (dd/mm/yyyy):