

Continuing Care SOCIAL HISTORY TEMPLATE

Completing this form is voluntary. You can keep this form and decide who to share it with. The information you share or your decision to share it with others in no way affects your services.

Person's Name:	HCN:
Person's Nickname or Preferred Name:	
Date of Birth:	Preferred Pronoun: He She They
Primary Language:	Other Spoken Language(s):
Family (Related or Chosen) History:	
Born/Raised:	
Names of Parents:	
Life Work/Occupation(s) of Parents:	
Sibling(s):	
Pet(s):	Place of Residence:
Additional Information:	

Relationship History:	
Married/Common Law/Domestic Partnership Spouse/Significant Other:	
Date of Wedding/Ceremony:	
Single Divorced Widowed (Date of Spouse/Partner's Death: _____)	
Children:	
Grandchildren:	
Are above relationships: Supportive Conflictual Other:	
Additional Information:	

Life Work:	
Education/Certificates/Courses:	
Life Work/Occupation(s):	
Community Involvement/Volunteer Work:	
Wartime Experience:	
Additional Information:	

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Spirituality or Religion:
Religious or Spiritual Affiliation: How has religion/spirituality played a role in person's life: <hr/> <hr/>
Personality:
Dominant personality qualities: Words that best describe person: Has personality changed over time/since illness?
Significant Life Events:
Accomplishments/Achievements: Major Life Events/Milestones: Significant Dates:
Significant Low Point(s) or Trauma(s) in Life:
Trauma(s): Losses: Fears/Worries: Other: Possible trigger(s) of unpleasant experience or memories: <hr/> <hr/>
Coping Strategies and Items of Comfort/Joy:
What brings the person pleasure or provides comfort/joy/inspiration: Regular visitor(s) and/or people who provide support: In what ways can others best show respect to person? How important is privacy to person?
Cultural and/or Ethnic Traditions:
Cultural/Ethnic Traditions: Special Holidays/Celebrations: <hr/> <hr/> <hr/> <hr/> <hr/>

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Favourite Hobbies, Activities, & Interests:				
Hobbies:				
Leisure Activities/Interests:				
Favorite books, movies, music, magazines and/or television show(s)?				
Any current limitations and if so, adaptations:				
Food Preferences:				
Likes:		Dislikes:		
Comfort Foods:				
Special Dietary Preferences:				
Mealtime Preferences:				
Breakfast, Lunch, Dinner, and Snack Routines:				
Daily Routine:				
A typical day begins at:		Morning Routine:		
Bathing/Personal Grooming Routine:				
Daily activities:				
Nighttime routine:				
Bedtime:	Sleeping Pattern:	Sleeping all night	Toss/Turn	Up frequently throughout night
Completed by:				
Relationship to Person:				
Date:				

If additional space needed, refer to 'Additional Information' section on page 4.

