



ASSISTED LIVING • MEMORY CARE

Resident Quality of Life Profile

At Azura Assisted Living and Memory Care, we are proud to offer our transformational MOSAIC programming for all of our residents. Our goal in asking these questions is to enhance the quality of life experiences for our residents, but knowing their life's story and finding ways to engage those special things that will help us create MOSAIC Moments of personalized joy with them and bring them smiles every day!

Thank you for taking the time to answer each question!

Resident Name: _____ Nickname: _____

Form Completed by: _____ Date: _____

Relationship to Resident: _____

Personal Profile:

Date of Birth: _____ Place of Birth: _____

Places they Lived: _____

Ancestry: _____

Schools Attended: _____

___ Right handed ___ Left handed

Able to read? ___ Y ___ N Able to write? ___ Y ___ N

Speak/Read a Foreign Language: ___ Y ___ N Language(s): _____

Religious Affiliation: _____ Currently Practicing? ___ Y ___ N

Affiliated Church (address, city): _____

(please notify their church of the new address, as HIPAA regulations permit us from giving this information out or of them contacting us directly)

Military Branch of Service and Rank: _____

Served during wartime? ___ Y ___ N What war? _____

Work history (type of work/location of business): _____

Volunteer Experiences/Clubs/Organizations/Civic Groups Assisted with/held office: _____

Proud Accomplishments/Awards: _____

Daily Routine:

We want our residents to feel at home from their first cup of coffee or tea. Please bring in a favorite mug or cup from home to help us start each day off right. We will mark it with our resident's name and make sure it is filled just the right way!

Morning ___ Coffee ___ Tea Other: _____

How should the above be served (cream, sugar, etc.)? _____

Describe a typical day/week prior to coming to our home: _____

Preference is to ___ Shower ___ Bathe ___ Sponge Bath How often? _____

Bathing ritual (certain soaps, wash hair first, etc.)? _____

Normal bedtime? _____

Bedtime ritual (warm milk, prayers, etc)? _____

Normal wake-up time? _____

Morning ritual (eat before dressing, brush teeth first or after breakfast, etc.)? _____

Activity Interests: P = Past Interest, C=Current Interest, N=No Interest

P	C	N	Activity	P	C	N	Activity	P	C	N	Activity
			Cards				Religious Activities				Helping Others
			Games				Trips				Parties/Events
			Crafts/Arts				Shopping				Radio
			Exercise				Walking				Community Outings
			Sports				Outdoors				Groups or Organizations
			Music				TV/Movies				Other:
			Reading				Gardening				Other:
			Writing				Conversation				Other

Favorite thing in to do in nature? _____

Favorite sport/physical activity? _____

Favorite thing to wear? _____

Favorite food(s)? _____

Favorite beverage(s)? _____

Most prized possession? _____

Food or beverage most DISLIKED? _____

Coping Expressions:

What might be the first sign of being upset? _____

What does a typical reaction to (death, health issues etc...) or being upset look or sound like? _____

Coping mechanisms? _____

Fears or phobias? _____

Tragic Life Events: _____

Time of year that causes difficulty? If yes, please explain: _____

Any health conditions that haven't been disclosed? _____

Personal Joys:

Important Holidays and Traditions: _____

Enjoy animals? ___ Yes ___ No Please list any pet names and types: _____

Strengths that you are most proud of? _____

What dream has not been realized? _____

Any additional stories you believe would be helpful for us to know? _____

Life Story Book Therapy: Another wonderful way to tap into the past memories of our loved one's is to engage them to look at past photos of their life. One way we utilize this sensory stimulation is through the use of Life Story Book Therapy and ask that you consider bringing in 25 – 50 pictures from birth to present day. We will scan these photos and put them into a reminiscence scrapbook. All original photos would be returned to you.

Family Profile:

Parent’s Name(s): _____

Father: ___Alive ___Deceased Mother: ___ Alive ___Deceased

Married: ___Y ___N If yes, ___ Alive ___Deceased ___Divorced

If yes, spouse’s name: _____

Recognize spouse? ___Yes ___No Anniversary Date: _____

Children, Grandchildren, Siblings or Others who are/were important to them:

Name	Alive	Deceased

Please list additional names on a separate sheet of paper.

MOSAIC Resident Welcome Plaque

At Azura Assisted Living and Memory Care it is our goal to provide personalized care to all of our residents. One way we do this by creating a “MOSAIC Resident Welcome Plaque” for each resident that features a bit of information about them and their picture. These plaques are created by Azura and placed next to each resident room door.

I am from: _____

My favorite things to do include: _____

Ask me about: _____

To motivate me: _____

Laugh with me about: _____

I love: _____

Music and Memory

Research has proven that music has the ability to elevate the mood and turn a frown upside down! At Azura Assisted Living and Memory Care we would appreciate knowing what tunes to play, please provide us with a list of Top 10 hits or artists and we will do our best to ensure these melodies brighten the day!

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____