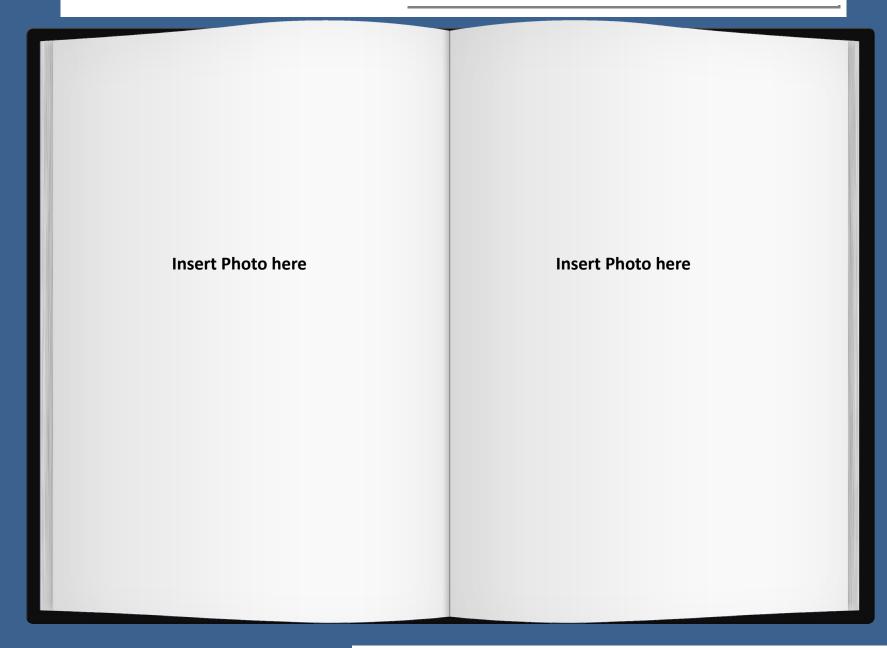
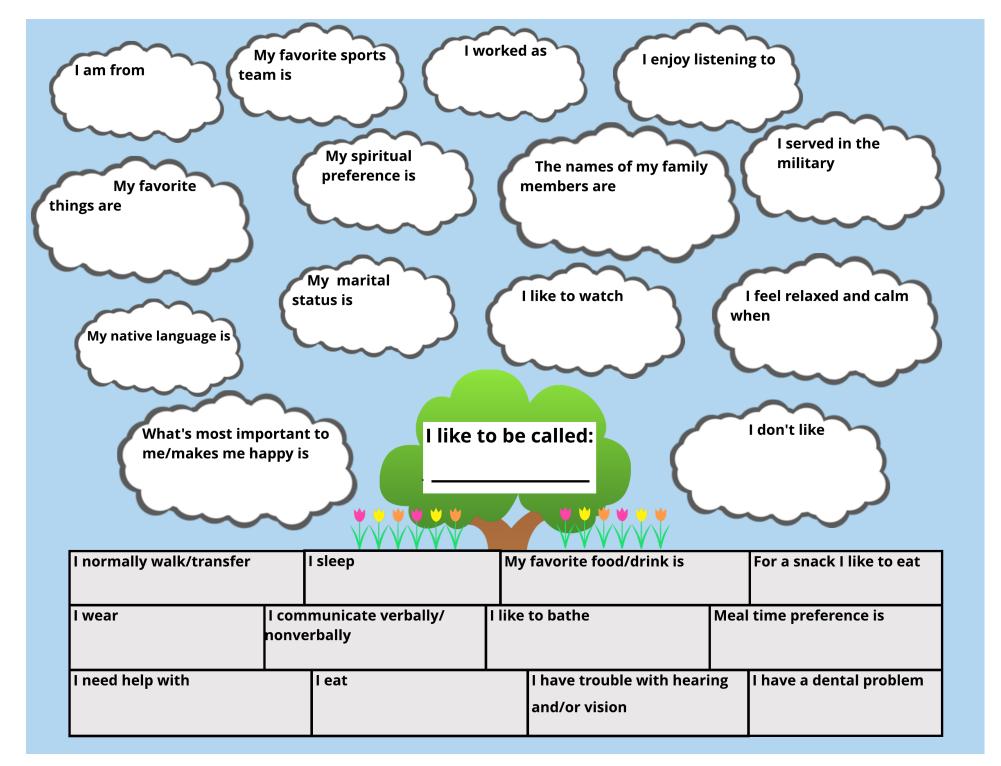
MY STORY:



Property of Anne Arundel County Department of Aging & Disabilities

Address: ___



MY STORY[©] Instruction Guide

Introduction: MY STORY[©] is a form designed to inform health care professionals and caregivers about your personal likes and dislikes so that they can provide care that is tailored to your specific needs. MY STORY[©] collects information about you in a simple format that can be sent with you in the case of a hospital or rehab visit. Below is a guide to assist you in completing the form. Please try to be as specific as possible when filling in your information.

Category	What We Are Looking For
I am from	Briefly state the place you consider to be your hometown
I worked as	What was your main career or most memorable career?
I enjoy listening to	Includes things like radio stations, talking books, favorite types of music
My favorite sports team is	Your favorite sport and team
My favorite things are	Things that you enjoy (i.e. reading, being alone, sleeping, watching old movies)
The names of my family members are	List the family members that you are close to
I get grumpy when	Things that make you upset (i.e. having sleep interrupted, being cold)
I like to watch	List favorite TV channels (do they need closed caption, birds, golf (not limited to TV)
What's most important to me/makes me happy is	What you value in life (religious beliefs, their children, health, free from pain, able to walk again)
My marital status is	What is your current relationship status? (married, widowed, etc.)
My religious preference is	Include your belief system and what faith you practice
I feel relaxed and calm when	Things that help you relax if you are upset or agitated
I don't like	Things that make you uncomfortable (i.e. loud talking, animals, bright lights, needles, noise)
My native language is	Include any languages that you speak
I walk/transfer	How do you get around? (i.e. independent, walker, cane, dependent on assistance)

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I sleep	What is your sleep schedule (i.e. wake up time, bed time, naps)
My favorite food/drink is	What would you enjoy most to eat or drink? (mac and cheese, diet coke)
For a snack I like to eat	What is your favorite snack?
I wear	Things you like to wear (i.e clothing, jewelry, make up, depends)
I communicate verbally/nonverbally	How do you communicate with others? (verbally, gestures, written)
I like to bathe	How often and during what time of the day
Meal time preference is	What meals you like to eat (i.e. skips breakfast, eats a light dinner)
I need help with	What do you need help with? (i.e. bathing, dressing, cutting my food, putting in hearing aid/dentures/putting on glasses)
I eat	Include dietary needs (i.e. low salt, gluten free, pureed, a banana a day,)
I have a problem with vision and/or hearing	Any adaptive equipment or problems (i.e. deaf, hearing aids, glasses, blindness)
I have a dental problem	Use of dentures, difficulty swallowing or chewing