

PERSONAL INFORMATION FORM
(CONFIDENTIAL)



The Speech Pathologist would be grateful if you could answer the following questions about your relative or friend. We will also be asking them via a different format. This information will be very helpful for us during therapy sessions by:

- Providing meaningful topics for conversation in individual and group sessions
- Assisting in the development of a personal communication book for your relative/friend

(Speech pathologist to tick where appropriate)

This information will be treated confidentially and will be used for no other purpose.

Patient's name:

(What does he/she like to be called?)

Family details:

(please mark with a * people who live with the patient)

Name of partner/husband/wife: (if relevant)

Names of children and their partners: (if any)

Name	Partner's name	Where they live

Names and ages of grandchildren and their parents: (if any)

Name	Age	Where they live	Name of parents

Names of close relatives: (e.g. brothers, sisters and any useful details e.g. where they live)

Name	Age	Where they live	Relationship to patient

Names of friends: (e.g. workmates, friends, neighbours)

Pets: (name and type, if any)

Personality

How would you describe their personality? (e.g. quiet, talkative, serious, humorous, short tempered, easy going, private....)

Work details:

What is/was the patient's job?

Where did/do they work?

Interests:

What does he/she like to do in their spare time?

What did he/she like to do when they were younger?

Name any clubs, societies the patient belongs to, and any sports teams that they follow;

Places he/she regularly goes to; (e.g. sports, park, supermarket, bank, family/ friends' houses etc.)

Television and radio programmes/personalities; (particular likes/dislikes)

Music; (likes and dislikes)

Reading; (what newspapers/books does he/she like to read?)

Does he/she regularly attend a place of worship? (e.g. church, synagogue, mosque, temple, for example). If so, which one?

Food/drink;

Please describe any likes / dislikes/ cultural or religious restrictions/ allergies related to food or drink:

What does he/she regularly eat for;

Breakfast?

Lunch?

Dinner?

Does he/she do any cooking?

Does he/she do the shopping? Where do they like to shop?

Other useful information;

Does he/she wear glasses? Hearing aids?

Where was he/she born?

Has he/she ever lived anywhere else?

Do they speak any other languages?

Are there any special holidays/events that are important to him/her?

Can you think of anything other areas/topics that may stimulate his/her interest and generally help communication? Or any topics to be avoided?

Who is/are their most significant communication partner/s? (e.g. a person or people that they might speak to every day)

Who is the person/people they would like to speak for them on legal or medical issues? Do they have any documentation of this? (if known)

Thank you for taking the time to complete this form about your
relative/friend 😊

Form completed by: _____ Date _____

Relationship to patient: _____

Please return this form to the speech pathologist _____

Uniting